The Modern Hospital

NOVEMBER 1959

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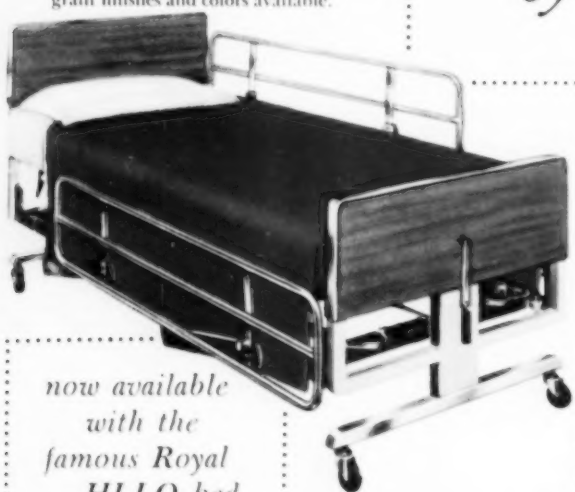
by Ray E. Brown

new

FIBERxu

by Royal®

Walnut finish shown above; other wood grain finishes and colors available.



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Tops, panels, drawer-fronts are made of virtually indestructible, wipe-clean Fiberesin – the "super-wood" that won't burn, chip, or peel, and is almost impossible to scratch, dent or crack. If repairs to the beautiful wood-grain panels are ever necessary (and it's highly unlikely), the famous Royal "skyscraper" steel-frame design principle permits individual panels and tops to be replaced in minutes – right in the room – without disrupting normal hospital routine!

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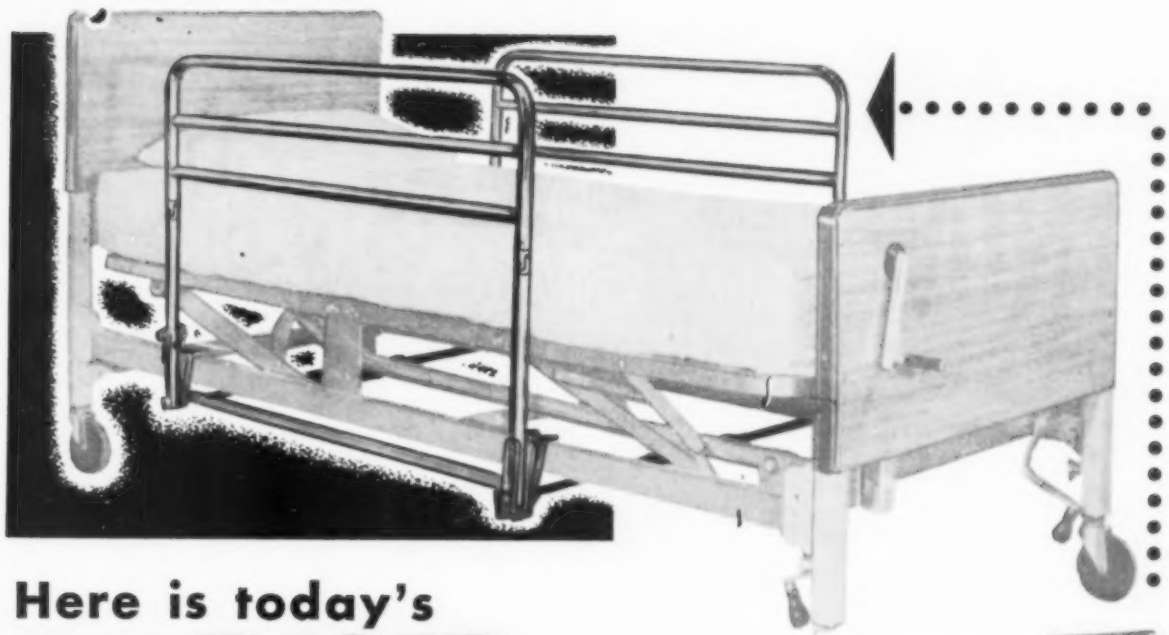

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These new Bed Rails can be easily installed on today's hospital beds without alteration or drilling of bed frame. When in storage, the Bed Rails are completely out of the way (rails are below level of mattress and still allows access under bed) yet ready to be pulled up and into position for immediate use. Rails automatically lock securely for added safety.

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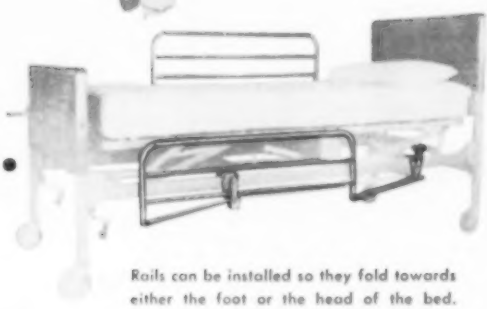
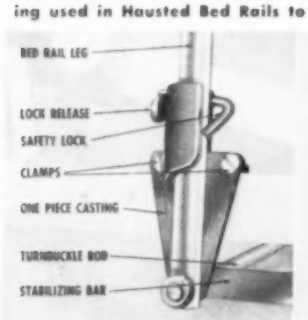
You are invited to try a set of our new Bed Rails at no cost or obligation.

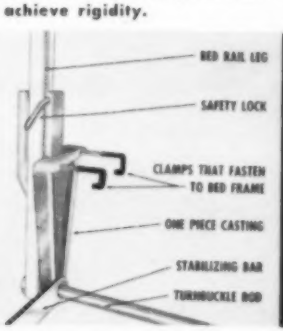


Rails can be installed so they fold towards either the foot or the head of the bed.

Unusual rigidity is achieved by the use of exclusive bracket mountings and cross extension bars with adjusting turnbuckle.

Detail photos below show type and parts of mounting and casting used in Hausted Bed Rails to achieve rigidity.





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The Modern Hospital

NOVEMBER 1959 VOLUME 93, NO. 5

Articles in this issue

Continued on next page ▶

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ROVING REPORTER

Phone Speeds Diagnosis

Four hospitals ranging in size from 33 to 125 beds have found that a dictating and telephone recording system permits them to share the services of one radiologist and still provide prompt interpretation of x-rays.

These hospitals, handling a combined total of 10,000 x-ray examinations yearly, are scattered throughout a 125 mile area in Michigan. This means that the radiologist can visit three of the four hospitals only once a week while handling diagnostic and therapy patients in his home hospital three days a week. Thus the hospitals were formerly faced with the problem of providing prompt interpretation of x-rays for physicians and their patients in hospitals scattered over this wide area.

Last year a dictating and telephone recording system was initiated whereby x-ray films would be sent to the radiologist throughout the week and his reports returned to the hospital via telephone. This was accomplished by having each hospital purchase dictating equipment designed to allow for both dictation and transcription by telephone.

Thus, the radiologist is able to read films at his home or office, transcribe his reports to the dictating equipment, and then telephone the reports to the hospitals' equipment through the telephone circuit. The reports are then typed for the attending physician's review and guidance.

Such a system has the following advantages:

1. X-ray films can be mailed to the radiologist daily for interpretation.
2. X-ray reports can be delivered daily to the attending physician, rather than waiting for the weekly visit of the radiologist.
3. Unusual films which require more study can be taken by the radiologist to his home or office where reference books are available.
4. The radiologist can spread his work load throughout the week instead of being deluged with films during his weekly visits to each hospital.
5. The x-ray technician, who types the reports, can also spread her typing work load throughout the week.

Although this system is presently used for x-ray reports only, the hospital pathologist can also use the equipment whenever needed for tissue reports, special blood studies, and so forth. — MARSHALL S. WILLIAMS, M.D., *radiologist*, and JOHN D. ROLLINS, *former administrator, Ontonagon Memorial Hospital, Ontonagon, Mich.*

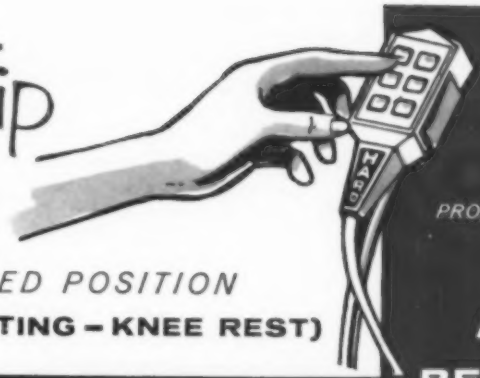
Preview for Children

Going to the hospital needn't be a frightening experience for small children — especially if they have had a "preview" glimpse into hospital routine.

With this concept in mind, Children's Hospital of the East Bay, Oakland, Calif., has frequent young visitors who may be patients in the future.

The tours were started about four years ago by the nursing director of the hospital, L. Louise Baker. They

Finger Tip Control



FOR ***ANY*** *BED POSITION*

(UP – DOWN – SITTING – KNEE REST)

SO ***LITTLE*** *MORE*
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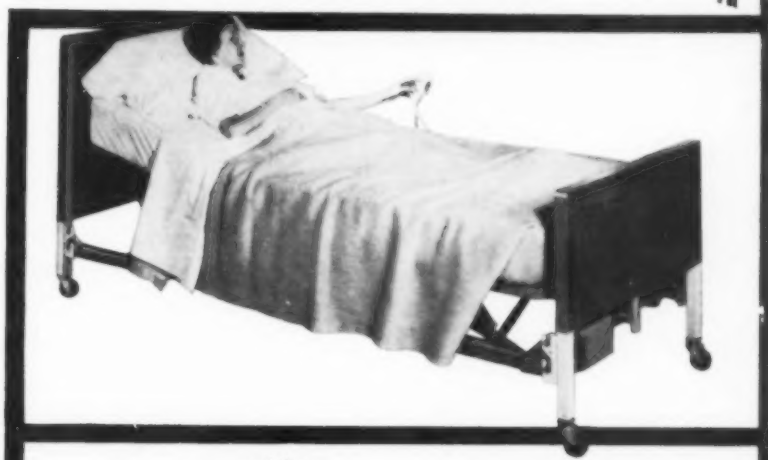
WITH HARD'S ALL-EKTRIK BED 1494-AEG



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- **Safti-Lite** below foot panel. Red light reminds nurse when bed is left in other than lowest position.
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- **Patient Control** is a console that can be positioned at right or left side of bed, allowing patient use with *either arm*. Can be washed safely. Available in 6 button model (shown above) or 4 button model.
- **Cut-Off Box** allows nurse to limit the patient's control of bed — spring height, back rest, knee break.
- **FulCrumatic and Rolevator** actions for spring height and gatch positions reduce wear, give smooth, silent operation.
- **Specially Designed Spring** can be manually operated in case of power failure.
- **1/4 H.P. Sealed Electric Motor** with gear reduction box requires no maintenance.

Write for complete information on Hard's new 1494-AEG

Raise and lower the spring height, adjust to any gatch position, smoothly, silently, at the touch of a finger with Hard's new *completely automatic* bed.

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were designed especially for children of preschool age who attend nursery schools.

Miss Baker felt that by actually seeing hospital equipment and meeting with personnel, children would adjust to hospitalization more satisfactorily.

Her idea seems to be working. The children who turn up later as patients seem to make a better adjustment to hospital routine than they might have without their preview visit, the hospital reports. When youngsters are taken to other hospitals, these institutions benefit, too, the hospital believes, from the community service and education provided by Children's Hospital of the East Bay.

What happens when the children visit the hospital?

Usually they come in groups of 12 to 15 accompanied by some of the mothers and the nursery school director. Previously the mothers have had a meeting with Miss Baker, who explains what the children will see. Then the day of the tour the group meets in a classroom at the hospital with an assistant director of nursing.

The nurse opens the discussion by asking the children: "Do you know what I am and what I do?"

The children take it from there, discussing doctors, nurses and hospitals in general. They are shown an array of hospital equipment and are invited to inspect everything they see. They see a hospital bed (and even climb in, if they wish), food trays, an x-ray picture, and medical equipment such as an otoscope used to examine the ear.

They may walk by the porch windows and see some of the patients. The patients enjoy the visits, too, the hospital reports, and wave to the nursery school children.

At the end of the tour juice and crackers are served. Refreshments have been served ever since the first tour. That day, one disappointed little boy said as he left, "I don't ever want to come to this hospital. They don't eat here." Food being a point of pride at Children's, the situation was quickly remedied.

The hospital estimates that since the tours were started, more than 30 groups of children have come to visit the hospital.

Announces Real "Extra"

An "extra" addition of the hospital paper brought news of an extra benefit for hospital employes when Weiss Memorial Hospital, Chicago, announced its adoption of life insurance and retirement plans for personnel.

The group life insurance plan provides a $1500 life insurance policy for all full-time employes whose salary is under $4000 per year, and a $2500 policy for those over $4000. The hospital is paying the entire premium for this coverage, the hospital paper, the *Echo*, explains.

Under the retirement plan, all full-time employes may enroll in the plan after three years of continuous service. For all present employes who have been with the hospital for more than three years the hospital will buy back benefits for all services in excess of the three years. The retirement plan is a cooperative arrangement under which the hospital contributes more than two-thirds of the total cost.

In a letter to hospital personnel, Mortimer W. Zimmerman, executive director of the hospital, thanked employes for their part in patient care, and stated: "It is our intention that these two programs will be of real help to you in planning your own future security."

WHEN THE PATIENT IS IN STRESS...

think first of Solu-Cortef

the first hydrocortisone for direct intravenous injection

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In many types of stress conditions, when corticoid requirements are multiplied as much as ten times or more, Solu-Cortef (i.v. hydrocortisone) rapidly combats shock by "triggering" vasopressors to maintain circulatory efficiency. In shock resulting from injury, surgery, or overwhelming systemic infection, think first of Solu-Cortef.

In anaphylactic shock, Solu-Cortef, through its prolonged action, helps prevent recurrence when given promptly after the administration of a vasopressor or an antihistaminic drug.

In time-saving Mix-O-Vial* For time-saving administration, Solu-Cortef is supplied in the Mix-O-Vial, containing 100 or 250 mg. hydrocortisone with suitable diluent in a separate compartment.

Dosage: Inject intravenously in 30 to 60 seconds; repeat injections of half a Mix-O-Vial may be given after 1, 3, 6, and 10 hours.

*Trademark, Reg. U.S. Pat. Off.

READER OPINION

What Do Progressive Patient Care Costs Include?

Sirs:

The August 1959 issue of The MODERN HOSPITAL gives a cost breakdown for "room, board and nursing care, average cost per diem, Manchester Memorial Hospital, 1958," and "room, board and nursing care average charge per diem, Manchester Memorial Hospital, 1958."

I would like to know what the component parts "room, board and nursing care" include, and also, does the "room, board, and nursing care average charge" mean the ordinary room and board charged in any institution not presently involved in intensive care units?

I also notice in the statistical comparison under "average number of employes per bed," that the 1958 figure of 1.9 exceeds the 1957 figure in spite of a slight decline in the percentage of occupancy. Is this in any way a direct result of intensive care unit methods?

I will appreciate having these points clarified. Mr. Felton is to be congratulated for his excellent work in determining costs for patient care.

Max Manus
Administrator
Cross County Hospital
Yonkers, N.Y.

Sirs:

The cost components of room, board and nursing care can perhaps best be described as those elements of expense related to rendering inpatient services to patients which are not specifically charged for on a unit basis, such as operating room, x-ray services, laboratory and other ancillary services. Cost analysis methods are used to prorate a reasonable and logical share of the general service department expenses, *i.e.* administration, dietary, laundry and so on to which are added the direct expenses of the particular cost center.

Inasmuch as Manchester Hospital is the only hospital in the state practicing Progressive Patient Care in its total concept, the figures reported for the 17 Connecticut hospitals do not contain hospitals offering composite P.P.C. services.

We are not sure that the average number of employes per bed will hold. It should be recognized that the hospital is still in the experimental stage and new construction and technics will undoubtedly have an effect.

Bernard L. Felton
Accounting Consultant
Connecticut Hospital Association
New Haven

ABRAHAM FLEXNER, M.D. (1866-1959): AN APPRECIATION

Abraham Flexner, who died in September at the age of 93, had a direct and lasting influence on the development of the modern hospital. Apart from his numerous contributions to the subject of education generally, his authorship of scholarly books and the creativeness which brought the Institute for Advanced Study into being at Princeton, he effected a revolution in the medical schools of our country by his famous Carnegie report on this subject in 1910. He was the pioneer who pointed the way when the "medical schools" which flourished spuriously before that time were abolished or reorganized.

Dr. Flexner recommended sound principles of medical organization for teaching on which the present-day medical school is based. Not a single substandard school in this country survives to bear witness to this revolution, but textbooks on the history of medicine are eloquent on the subject. For us this means that university hospitals have benefited directly from these changes, while all other hospitals which aspire to higher and higher standards of teaching have been influenced deeply in the process.

As time passes, the sheer humanity of Flexner's far-reaching achievement may be somewhat lost in the complexity of modern hospital life, but hospital administrators, especially, should remember with deep gratitude the part that he played in the achievement of present standards. — E. M. BLUESTONE, M.D.

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America's most complete line of paper towels, tissues and napkins

Public Relations

How Much Do Your Employes Know About Their Hospital?

By Gordon Davis

EACH year one of our leading manufacturers calls in outside social researchers to conduct a survey of employe attitudes, and each year, among other things, the employes are asked to rate their own company's product in comparison with competitve brands.

Gordon Davis

Each year a substantial percentage of employes rates one competitor's brand above that of their employer.

Why? Because the competitor advertises extensively and makes repeated claims of superiority. Naturally, the employes read the assertions of the competitor.

"But our own employes!" protests management each year. "They should know better. They see what goes into our line. Actually, we can prove we've got the competition licked. Our employes should know this."

Should they? Who has told them? How are they to find out if they are not told?

Employe education, as distinguished from job training, surely is one of the most neglected but most potentially rewarding of all public relations activities. Perhaps one reason it is neglected is because it seems to contribute nothing tangible to the immediate job.

There's something unbalanced in this picture. Typically, American management makes the most ambitious of long-range plans for market development, for capital growth, and for improvement of its products and services. It invests great sums in research in the physical sciences, even in pure research which may never yield practical discoveries. It is giving increasing attention to the engineering aspects of developing greater productivity per employe.

But it still leaves largely unexplored the most fascinating field of all—that of serious research in the psychology of employe relations.

While waiting for a well heeled foundation or some other fairy godfather to underwrite exploration in this intriguing area, there's a simple experiment that you can try in your own hospital. Try circulating a short questionnaire among your employes. Ask them whether they think hospital costs are too high, and what part of your total operating cost results from their salaries. Keep the replies anonymous, so they will speak their opinions freely.

Then multiply the number who are poorly informed by 10 or 12, for you can be confident that their opinions have been shared with at least that many relatives and friends. Multiply again by five or six, the number of persons to whom the relatives and friends have repeated the story as coming from "someone who works at the hospital and ought to know."

Chances are you will be disturbed—even shocked—at the results. You may even find yourself embarked upon an endeavor to change the situation.

Good patient care and good public relations both begin with good employes. It takes much more than mere technical training to make them good. How do your employes compare? ■

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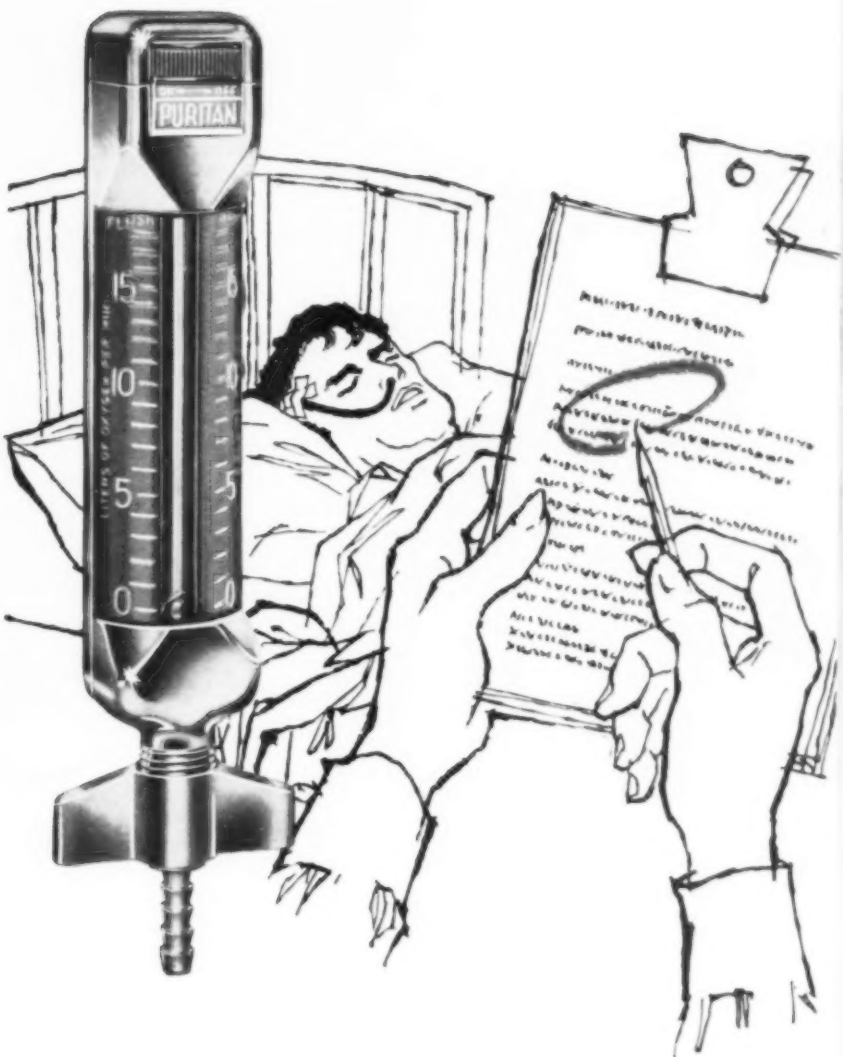
Such sturdy dependability, simplicity and accuracy have made Puritan units the accepted standard for gas therapy administration.



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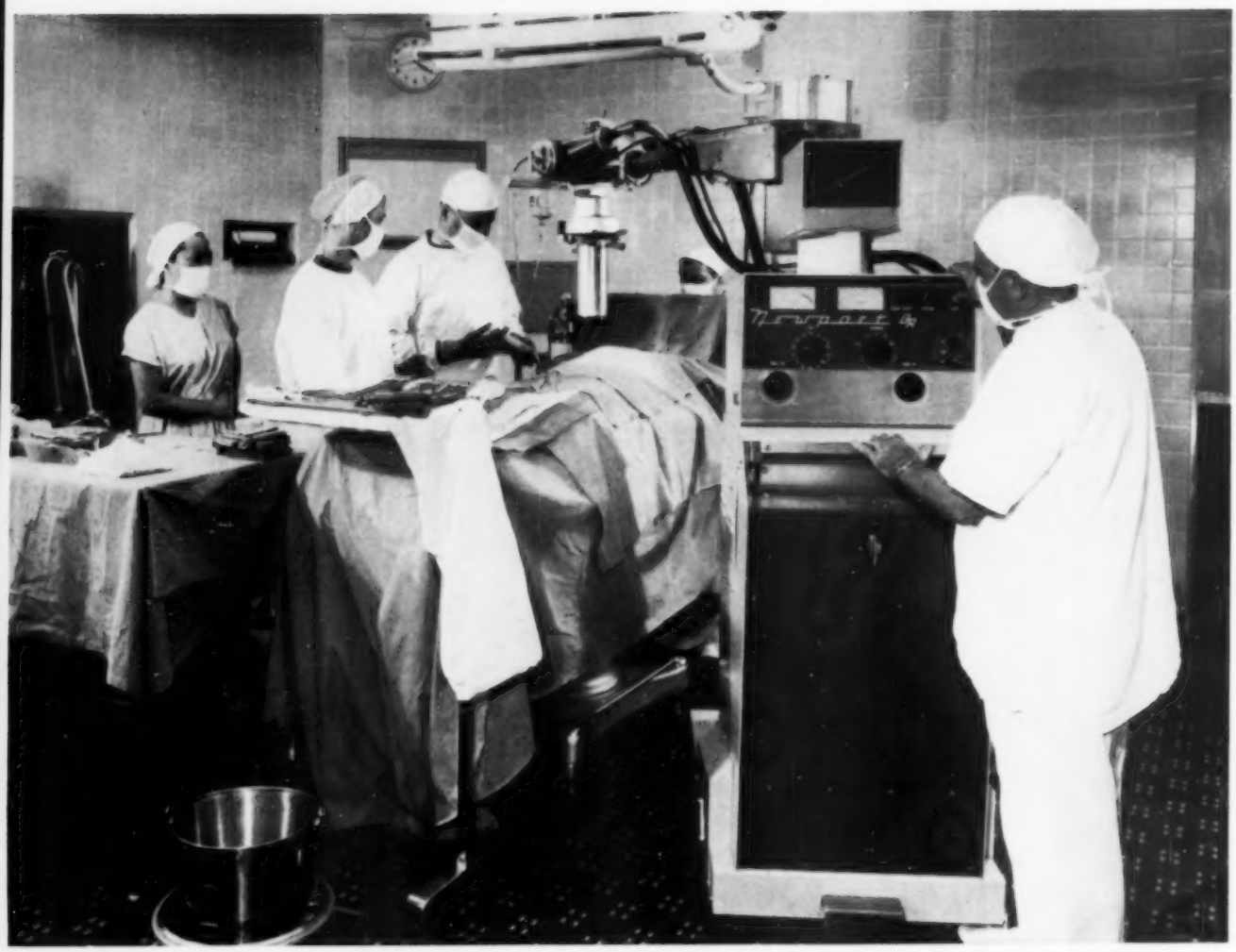

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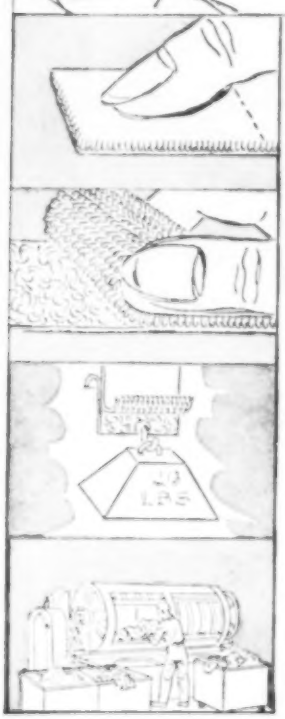

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NEW VERSATILITY—Only Orthomatic has true *Push Button Control.* A touch of a button selects and automatically programs an entire cycle for liquids, instruments or dry goods. With its new *Temperature Selector* you can dial the exact temperature required for each load. The Orthomatic Sterilizer is an all-purpose unit . . . equally at home in surgery, central supply or milk formula. For even greater versatility, cabinet and recessed units are indentical and interchangeable.

Castle

Here's a sterilizer designed for the people who operate and maintain it.

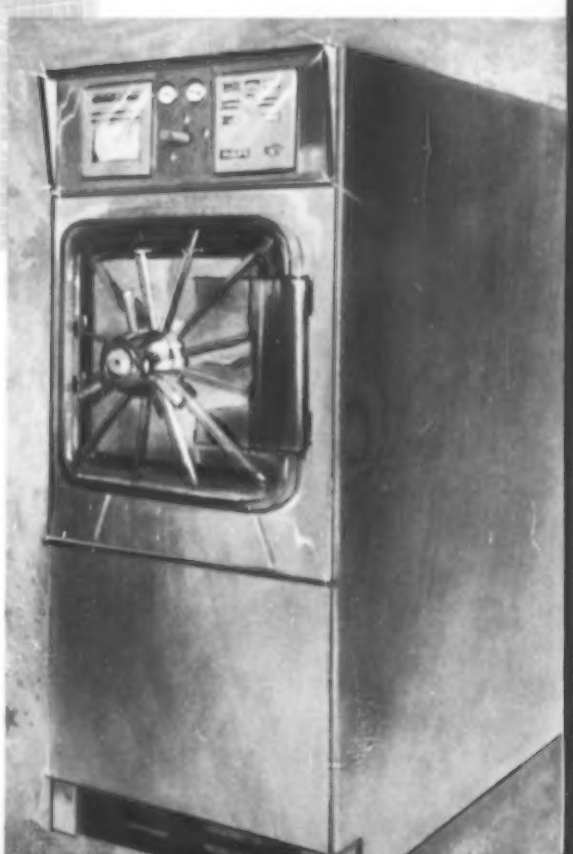
EASY OPERATION—Push Button and all other controls and indicators are located in one compact panel at eye level. No stooping to set controls. And a clear view of the panel once the unit is in operation.

EASY MAINTENANCE—Paneling is removable for easy interior access from front, top and sides of sterilizer. Panels snap off without need of tools.

GOOD LOOKS—Orthomatic's clean professional lines are inspired by the finest in contemporary styling. Precision instruments . . . they are ruggedly built to give long and competent service.

Write us for full details.

WILMOT CASTLE COMPANY
BOX 629 • ROCHESTER 2, N. Y.



NEW SPEED—Phase times are speeded three ways: (1) New *High Speed Heating* raises load to sterilizing temperature in less than half the time of conventional sterilizers. (2) New *Refrigerant Cooling* can cool full liquid load in 20 minutes—two to four times faster than conventional units. (3) And drying time need last only as long as required since it can be exactly set—to the minute—on new integral *Drying Timer*.

NEW SAFETY FACTORS mean increased load and patient protection. Liquid loads are protected as new *Refrigerant Cooling System* keeps liquid loss at new low. Dry goods are protected as new bacteria retentive filter, sterilized each cycle, purifies both steam and air entering chamber. (There is never a need for "cracking" to promote drying.)

All loads are protected by exclusive *Delayed Signal Sensing* which guarantees indicated temperature is actually load temperature, not temperature of steam around load. You can be sure loads are sterile because every minute of the sterilizing phase is maintained at sterilizing temperature.

when LIFE hangs by a thread...

you can depend on me.

I am a Gudebrod suture. That means I'm as dependable as a suture can be.

I used to be just a mass of raw silk—the highest quality, you understand, but without much form. Then Gudebrod gave me the treatment—and what a thorough treatment it is—all rigidly controlled by their modern electronic equipment.

And look at me now! I'm a suture that *everyone* on the O.R. staff likes. Surgeons find I follow their fingers so smoothly, so unobtrusively, their attention is never distracted. I'm always reliable.

I am part of a large family, all made with the same care and high standards as I was. All of us—silk and cotton—come in a complete range of sizes, in nine different basic packages, so you can choose whichever you need for any requirement. Just write to Gudebrod—they'll be glad to send full details.

Tell your purchasing department to specify Gudebrod Sutures—you and your surgeons can depend on me!

Gudebrod BROS. SILK CO., INC.

Surgical Division: 225 West 34th St., New York 1, N.Y. • Executive Offices: 12 South 12th St., Philadelphia 7, Pa.

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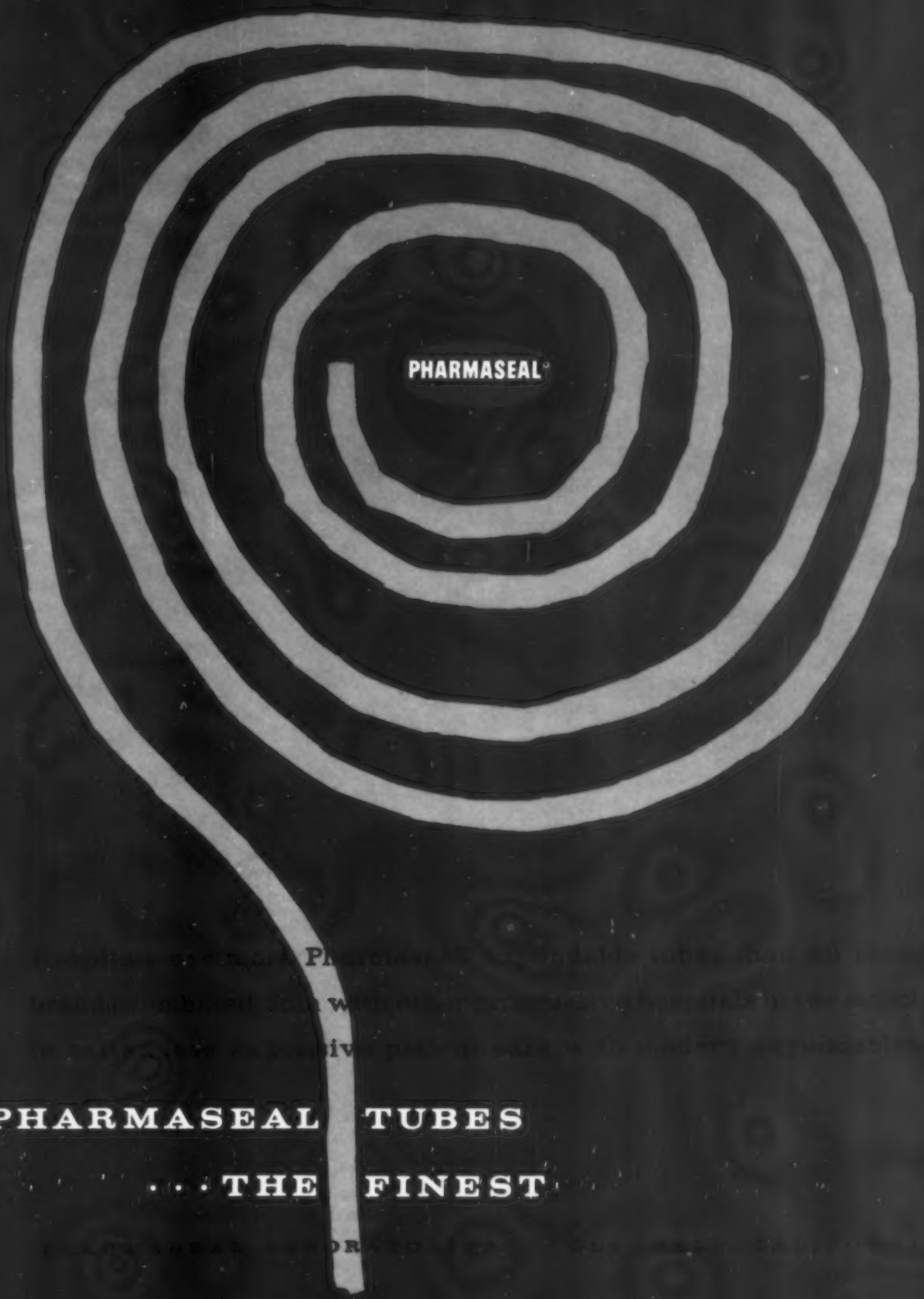


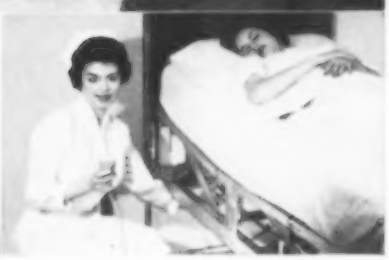
PHARMASEAL TUBES

· · · THE FINEST


If you were going
to give or be given
an enema, you
would appreciate
SIGMOL®
the non-irritating,
expendable enema.
Sigmol enemas save
expensive
preparation and
cleanup time
and improve
patient relations.
Sigmol is the
safe enema with
the longer flexible
tip nurses and
patients prefer.
Join the modern
hospital's march
to better, less
expensive
patient care
with
SIGMOL...
the finest
Each 120 cc. ena contains:
Sorbitol Solution N.F.... 43 Gm.
Dioctyl Potassium
Sulfosuccinate... 0.12 Gm.
PHARMASEAL
SIGMOL
ENEMA
PHARMASEAL
PHARMASEAL LABORATORIES
GLENDALE, CALIFORNIA

Electronic switches permit patient to control both bed height and spring positions (A) or control spring positions only (B).

Fowler or Trendelenburg positions easily, automatically obtained by operation of clutch release—a Simmons exclusive!



NOW...SIMMONS NEW *ELECTRONIC* SWITCH

--major advance in bed positioning control!

Here—in Sim-Matic motorized beds—is the most efficient, most versatile positioning control ever developed!

Look at what you can do with this control: Give patient complete control of bed height and bed spring positions—or, control of spring positions only, or no control at all. Nurse can flick cutoff switches to remove any or all functions from patient control.

Next, a clutch release—available *only* on Sim-Matic beds—permits *automatic, separate* operation of head and foot ends for Fowler or Trendelenburg positions.

For protection and safety, electronic conversion unit reduces the standard current to 4 volt-milliamp. current—nonshocking, nonsparking. Switch is waterproof, nonbreakable. Push buttons operate at feather touch, yet are protected from accidental operation.

Only Simmons offers *all* these advantages and improvements in motorized beds. Be sure to investigate this new Sim-Matic bed soon.

Contract Division • Merchandise Mart
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SIMMONS COMPANY
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DISPLAY ROOMS: Chicago • New York • San Francisco • Atlanta • Dallas • Columbus • Los Angeles

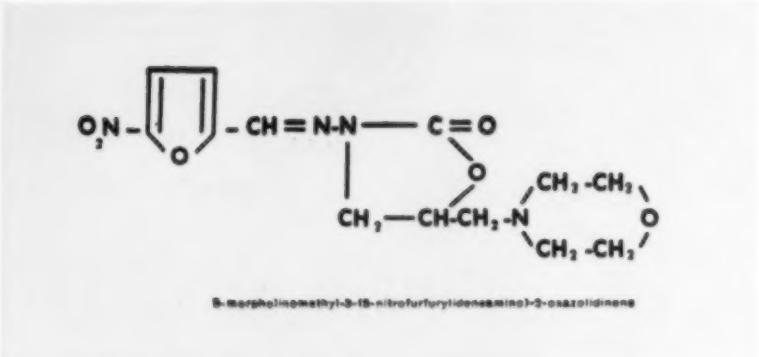
For additional information, use postcard facing Cover 3.

Announcing

ALTAFUR™

brand of furaltadone

a new member in the nitrofuran family



5-morpholinomethyl-3-(5-nitrofurylideneamino)-2-oxazolidinone

the first nitrofuran effective orally in systemic bacterial infections

The promise of

ALTAFUR

in clinical medicine

Extensive laboratory and clinical investigative effort has been devoted to the screening and evaluation of nitrofuran compounds in the quest for agents with systemic antibacterial effectiveness. ALTAFUR is the achievement of this program.

In vitro, ALTAFUR is effective against the following gram-positive and gram-negative organisms (isolated from clinical infections):

Organism	*Sensitive*	*Resistant*	*% Sensitive*
Staphylococci*	181	1	99.4
Streptococci	65	1	98.5
D. pneumoniae	14	0	100.0
Coliforms	34	3	91.8
Proteus	5	5	50.0
A. aerogenes	8	0	100.0
Ps. aeruginosa	5	4	55.5

*Includes many strains resistant to antibiotics.

As with other nitrofuran compounds, development of bacterial resistance is negligible.

Clinically, ALTAFUR has proven most effective in the treatment of a variety of conditions including *pulmonary infections (pneumonia, empyema, bronchiolitis), upper respiratory tract infections, abscesses, cellulitis, pyodermas, septicemia/bacteremia and various wound infections.* ALTAFUR has produced cures in 75% of cases, and significant improvement in 10%.

To date, ALTAFUR has been used most extensively in staphylococcal infections with a cure rate of 66% and an improvement rate of 20%. Of particular importance, a number of these patients had not responded to previous therapy with antibiotics or other chemotherapeutic agents.

In common with the other available nitrofurans, ALTAFUR has a low order of side effects. Nausea and emesis occur occasionally but these can be minimized or eliminated through dosage adjustment and by giving the drug with meals and with food or milk on retiring. In the two instances in which a neutropenia developed, ALTAFUR was not clearly implicated. There has been no cross-sensitization of patients with other antibacterials.

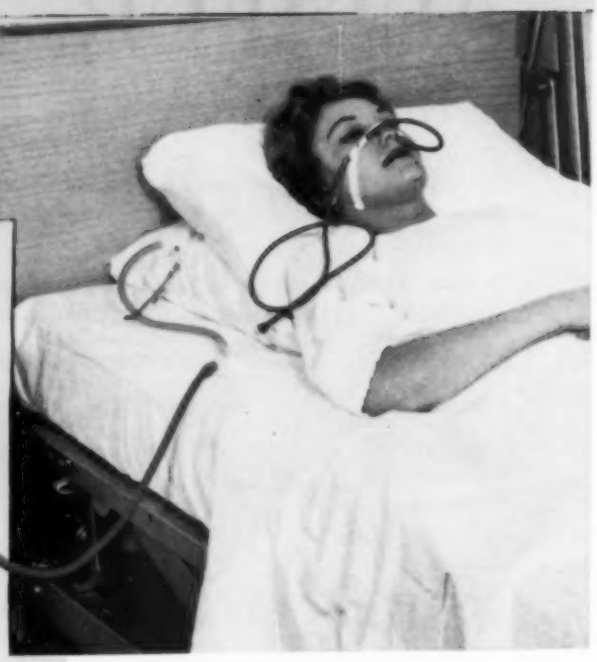
The average adult dose is one 250 mg. tablet q.i.d. with meals and food or milk at bedtime. For severe staphylococcal infections, the dosage may be increased to approximately 30 mg./Kg. (13.5 mg./lb.) body weight per day, administered in four equally divided doses. The average length of therapy is five to seven days. Because this is a new drug, therapy probably should not be continued for more than 14 days except in severe or complicated cases, such as osteomyelitis, endocarditis, bacteremia (septicemia), etc.
Additional information may be obtained from the Medical Director, Eaton Laboratories.

ALTAFUR is available as quadrisected, chartreuse-colored tablets of 50 mg. and 250 mg. ALTAFUR Sensi-Discs, for bacterial sensitivity tests, are available from Baltimore Biological Laboratory.

NITROFURANS—a *unique* class of antimicrobials—neither antibiotics nor sulfonamides

EATON LABORATORIES, NORWICH, NEW YORK

Its Unfailing Dependability Inspires the Utmost Confidence



Gomco No. 765-A Thermotic® Drainage Pump

Contributing to patient confidence is an important function of physician, nurses and staff. Fine equipment plays its part, too — such as the Gomco No. 765-A Thermotic® Drainage Pump performing gastric lavage.

This economical Gomco stand-mounted unit is entirely automatic. Easily set up, it operates with quiet, gentle, intermittent action to deliver unvarying suction for all mild drainage. It is ideal for duodenal or fistula drainage, drainage following prostatectomy, abdominal decompression, gastric lavage, blood procurement. The non-mechanical, positive-action pump can be operated continuously without attention or lessening of drainage effectiveness. Suction system permits settings at 90 mm. or 120 mm. of mercury.

The Gomco Aerovent® valve provides automatic overflow protection. Pump damage from flooding is prevented; operation is restored in seconds by emptying the suction bottle.

Investigate the many exclusive advantages of this and other Gomco equipment. A phone call to your Gomco dealer will arrange a demonstration at your convenience.

GOMCO SURGICAL MANUFACTURING CORP.

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"a new and nearly ideal skin drape...
skin adherent to the incisional edge."[1]

A new aid to aseptic surgery...

Vi-DRAPE® Surgical Film

...completely isolates the patient's skin from the wound and maintains the sterility of the operative site. Skin draping by this method eliminates the use of cumbersome cloth skin towels and towel clips. Nothing used during the operation can touch uncovered skin.

A soft, sterilizable, pliant plastic, Vi-DRAPE Film is adhered to the surgically prepared skin with sterile Vi-HESIVE® Surgical Adherant and *the incision made right through the transparent film.* The adhered film clings closely to wound edges throughout the procedure and is impermeable to bacteria and fluids. Applicable to all contours, Vi-DRAPE Film offers extra advantages in achieving asepsis in previously difficult-to-drape areas.

Use of Vi-DRAPE Film fits easily into established routines of the surgical team. For literature and technic-for-use, write to:

AEROPLAST CORPORATION
420 Dellrose Ave., Dayton 3, Ohio.

Vi-Drape Film and Vi-Hesive Adherant are available through your surgical supply dealer. In Canada, through Fisher and Burpe Ltd.

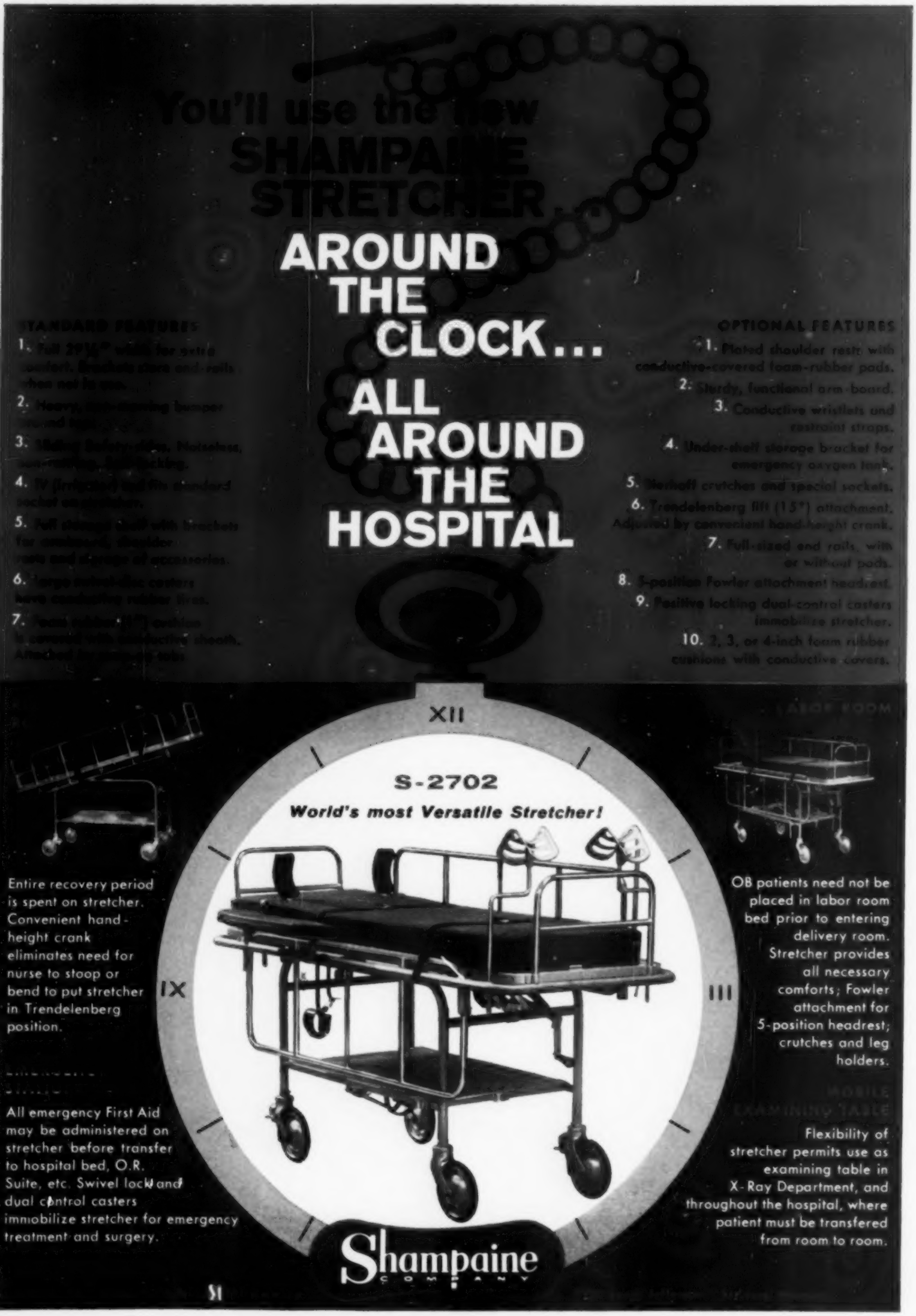
Patents Pending

1. Adams, Ralph, M. D.: Med. Times, 86:1119-1127 (Sept.) 1958.

Initial clinical studies on Vi-DRAPE Film were conducted by Carl Walter, M.D., Peter Bent Brigham Hospital, Boston.

and for post-op use
AEROPLAST®
Spray-on Surgical Dressing

For additional information, use postcard facing Cover 3.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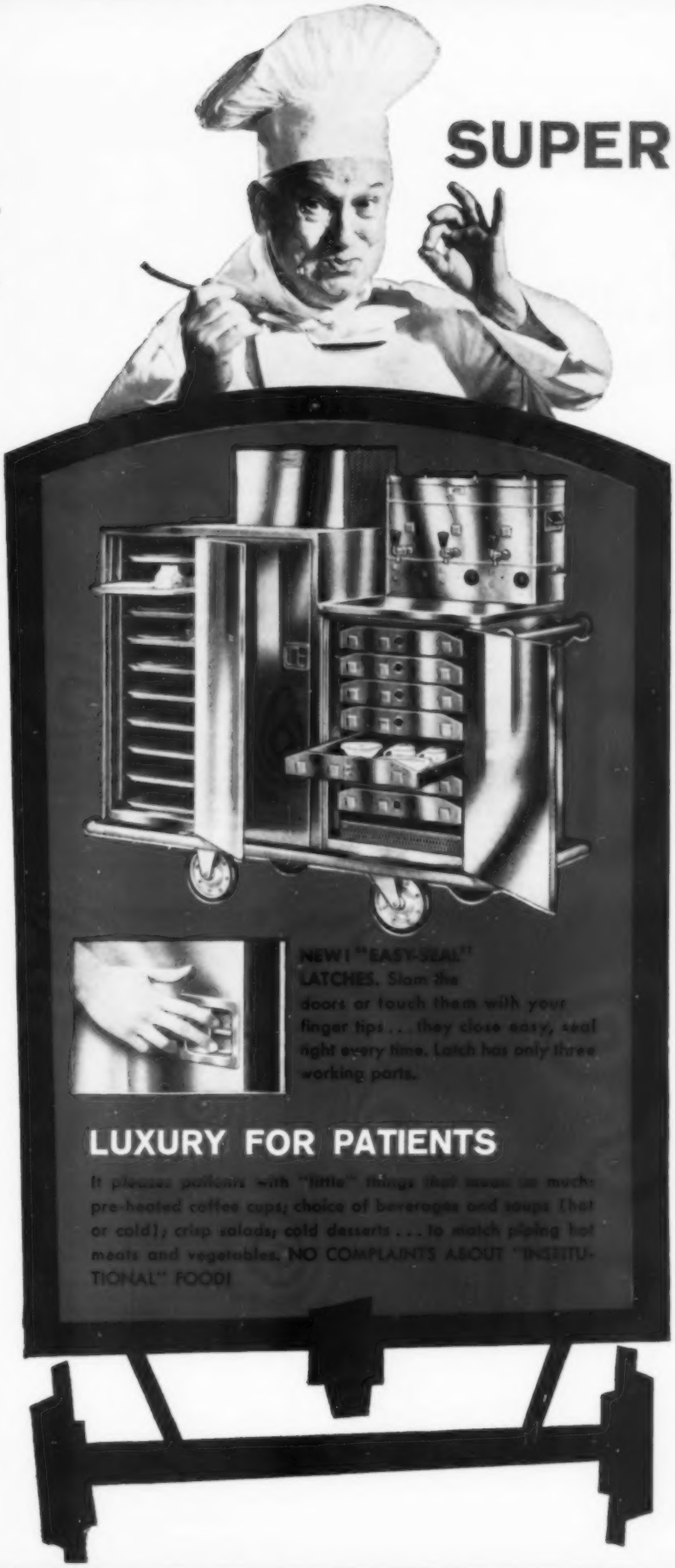
SHAMPAINE
STRETCHER...
AROUND THE CLOCK...
ALL AROUND THE HOSPITAL
STANDARD FEATURES
OPTIONAL FEATURES
1. Plated shoulder rests with conductive-covered foam-rubber pads.
2. Sturdy, functional arm-board.
3. Conductive wristlets and restraint straps.
4. Under-shelf storage bracket for emergency oxygen tank.
5. crutches and special sockets.
6. Trendelenburg tilt (15°) attachment. Adjusted by convenient hand-height crank.
7. Full-sized end rails, with or without pads.
8. 5-position Fowler attachment headrest.
9. Positive locking dual-control casters immobilize stretcher.
10. 2, 3, or 4-inch foam rubber cushions with conductive covers.
XII
III
IX
S-2702
World's most Versatile Stretcher!
Entire recovery period is spent on stretcher. Convenient hand-height crank eliminates need for nurse to stoop or bend to put stretcher in Trendelenberg position.
All emergency First Aid may be administered on stretcher before transfer to hospital bed, O.R. Suite, etc. Swivel lock and dual control casters immobilize stretcher for emergency treatment and surgery.
OB patients need not be placed in labor room bed prior to entering delivery room. Stretcher provides all necessary comforts; Fowler attachment for 5-position headrest; crutches and leg holders.
Flexibility of stretcher permits use as examining table in X-Ray Department, and throughout the hospital, where patient must be transfered from room to room.
Shampaine
COMPANY



Shampaine Electric

SUPER-MEALCART DELIVERS "DINING CAR" LUXURY AND EFFICIENCY

The true centralized tray service system

EFFICIENCY FOR YOU

1. Unobstructed, counter-height set-up area with exclusive "step-down" feature. Takes trays up to 15½"x 20½".

2. Refrigerated tray compartments . . . cold items on trays ready to go. Slides easily removed to clean compartments. 3¾" between slides allows space for ½ PINT MILK CARTONS.

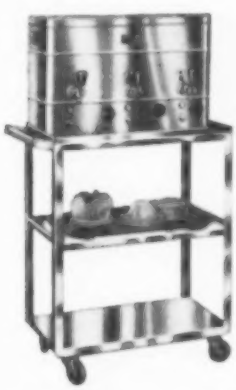
3. Heated drawers (185°) . . . each holds three 9" plates, three 5½" plates with hot foods ready for trays. Room for three cups, too. **Only method that guarantees hot coffee.**

4. Holdover refrigeration system maintains low temperature for two hours without current. **No blowers to dry out and wilt food!**

5. Available in 20- and 24-meal sizes.

6. All stainless steel, double-walled, fully insulated. Recessed doors on piano hinges with exclusive **"Easy Seal" Latches.**

7. REMOVABLE BEVERAGE BAR. Insulated wells for hot and cold drinks and soups. Use separately on utility truck for between-meal servings or in doctors' lounge (see below).



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A DIVISION OF SHAMPAINE INDUSTRIES, INC.

For the convenience you want...
the safety you need...

the choice is CRANE

Why have so many hospitals standardized on Crane plumbing equipment?

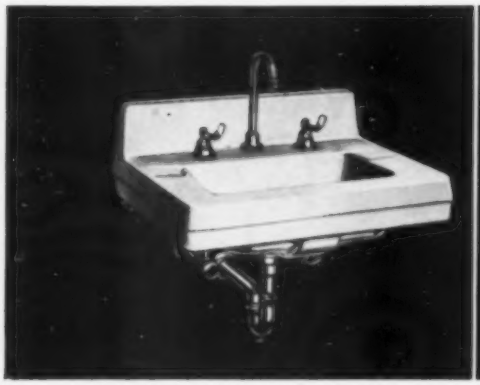
Convenience of use is one answer—fixtures especially designed to save time for the hospital staff. *Sanitary safety* is another—assurance of correctness in every detail that helps combat cross-infection. *Easy care and maintenance*, too, are special Crane advantages.

Crane offers a wide choice of plumbing fixtures for every department of your hospital. You can choose fixtures that suit your individual preferences and techniques. For your new or remodeled building, you'll find it worthwhile to discuss Crane qualifications with your architect.

A favorite in many hospitals—Crane Mayo surgeons' scrub-up sink, with convenient knee-action valve. Made of Duraclay, a special vitreous glazed Crane material, its hard, smooth surface will not pit, crack or craze . . . is impervious to stains, unaffected by acids or ordinary cleansing powders.

CRANE
DIAL-ESE CONTROLS

Turns as easily as a radio dial—prevents dripping! The same Dial-ese unit fits all Crane supply fittings . . . including lavatories, bathtubs, showers and sinks . . . assuring complete interchangeability . . . reduced maintenance.



Convenient wrist operation is a feature of this Crane *Norwich* vitreous china lavatory. Gooseneck spout accommodates pitchers, vases, etc.

Foot-operated valve on Crane *Oxford* vitreous china lavatory prevents cross-infection. Hands never touch faucets.

Hygiene lavatory is ideal for patients' rooms. Available for right- or left-hand corner installation, also, without side splash.

Crane *Coolbrook* vitreous china, semi-recessed drinking fountain has elevated bubbler base for maximum sanitation. Available with single or central water chiller.

Crane *Institutional* free-wall bath, to build into end wall. Made of durable cast iron with porcelain enamel finish. Cast iron base included.

The Crane *Pan-Walton*. This gleaming vitreous china closet features a wall-mounted, self-closing, double-hinged pedal mixing valve and a hose with an anti-drip spray nozzle. Siphon jet flushing action.

Crane *Cornwall* scrub-up sink of long-lasting *Duraclay*. Gooseneck spout with Act-O-Matic spray head. Made of vitreous glazed earthenware and including a handy right-hand drain shelf.

The *Cornell*, one of several service sinks in the Crane line. Has flushing rim and siphon jet flushing action. *Duraclay* construction assures long service, easy maintenance.

Crane *Placidus* closet has whirlpool, quiet-action bowl and flush valve that minimize noise. Has elongated rim, open front seat.

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THE PREFERRED PLUMBING

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by McKesson

A new, easily-portable, perfectly-balanced unit.
Many outstanding safety and economy features.
Uses either D or E size cylinders.

New, improved flow-valve graduated with adjustable zero position, always indicates approximate flow rate.
Impossible to open control-valve more than one turn.

No danger of excessive flow-rate, should valve be left open when attaching full cylinder. Pin-indexed yoke precludes possibility of attaching improper gas.

For resuscitation, squeezing re-breathing bag forces oxygen into patient's lungs.

many other important features

Rubber feet prevent marring any highly polished surface.

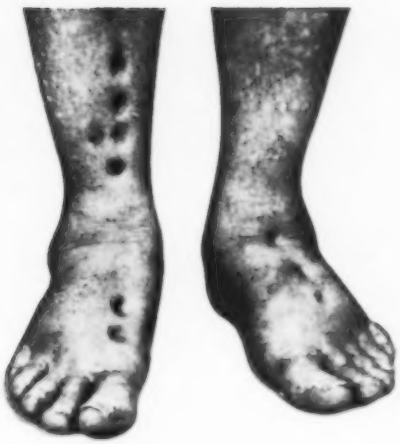
Weight of stand and valve complete, 5¼ lbs.

McKesson

EMERGENCY OXYGEN AND RESUSCITATION UNIT

Contact your McKesson Dealer or write us today for complete information, specifications and prices.

McKESSON APPLIANCE COMPANY • TOLEDO 10, OHIO



Before Esidrix:
Weight 176 lbs.

27 pounds lost in 19 days; ascites and pedal edema reduced with

Esidrix T.M.

(hydrochlorothiazide CIBA)

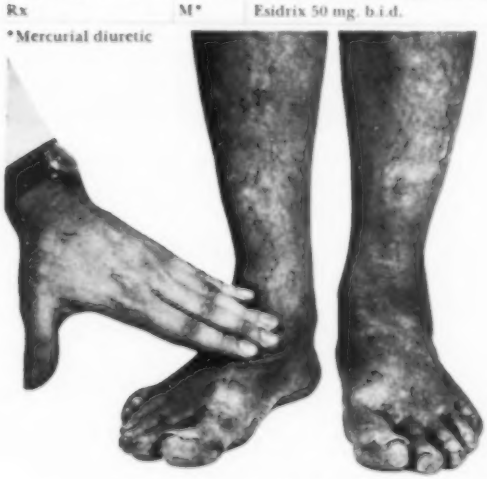
pre-eminently effective whenever diuresis is desired

Indicated in: congestive heart failure ■ nephrosis and nephritis ■ toxemia of pregnancy ■ premenstrual edema ■ edema of pregnancy ■ steroid-induced edema ■ edema of obesity.

RECORD OF TREATMENT (At a leading New York City hospital. Photos used with permission of the patient.)

Date	3/3	3/4	3/5	3/6	3/7	3/8	3/9	3/10	3/11	3/12	3/13	3/14	3/15	3/16	3/17	3/18	3/19	3/20	3/21	3/22	3/23
Weight (pounds)	178	176	170	169	167	159	158	158	157	153	155	155	156	154	153	154	153	—	—	151	149
Rx	M*		Esidrix 50 mg. b.i.d.																		

*Mercurial diuretic



After 19 Days on Esidrix:
Weight 149 lbs.

H. K., 44 years old, with history of heavy drinking. Previously hospitalized in 1954, with diagnosis of Laennec's cirrhosis. Admitted on 3/3/59, patient complained of swollen abdomen, swelling in both legs and exertional dyspnea.

Findings: Abdomen enlarged in girth with definite fluid wave; liver palpated 4 fingerbreadths below the costal margin; pedal edema (4+). Patient not in acute distress. Blood pressure, 140/80 mm. Hg; pulse, 112/min.; respiration, 20/min.

Treatment: Mercurial diuretic on 3/3 and 3/4, followed by Esidrix, 50 mg. b.i.d., from 3/5 to 3/23 when patient signed out of hospital. Esidrix induced copious diuresis resulting in almost complete disappearance of edema.

Supplied: Esidrix *Tablets*, 25 mg. (pink, scored) and 50 mg. (yellow, scored); bottles of 100 and 1000.

CIBA
SUMMIT, N. J.

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American-Standard plumbing fills the need in every size hospital

OFF-CENTER LAVATORY

From the huge multi-building state hospital . . . to the city hospital . . . down to the neighborhood health center, administrators and department heads in New York City, as in other cities, depend on American-Standard equipment.

The reason? American-Standard makes a full line of general and specialized fixtures and fittings which meet the highest and most rigid hospital standards.

These fixtures are well known for their practical design, which makes them easy to use. And top-quality construction makes them durable. Non-porous china fixtures, enameled cast iron fixtures and chrome-plated brass fittings meet the demand for long life and maximum sanitation.

Dependable service is assured by fully staffed offices in principal cities plus thousands of American-Standard distributors and independent plumbing contractors.

* * *

For more information, call your local American-Standard sales office or write AMERICAN-STANDARD, PLUMBING AND HEATING DIVISION, 40 W. 40 St., New York 18, N. Y.

OFF-CENTER LAVATORY, the New Lucerne, provides big counter-top convenience in small area. Wide side ledge for extra shelf space. Practical, sanitary wrist-action fitting with gooseneck spout. Vitreous china in color or white.

A. Manhattan State Hospital, New York City. Carl W. Larson New York State Architect

B. Misericordia Hospital, New York City. Kiff, Colean, Voss & Souder, Architects, The Office of York & Sawyer

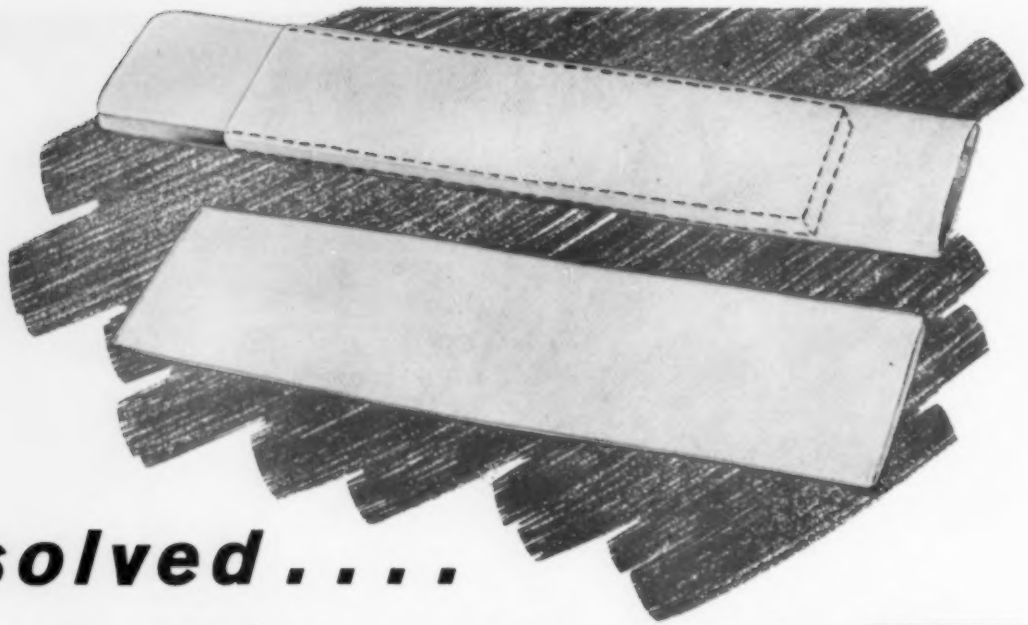
CLINIC SERVICE SINK operates with same flushing action as water closet. 4" outlet and large water area keep sink sanitary, ideal for use with bedpan-washer attachments. Vitreous china in color or white.

SITZ BATH has gentle-sloping back and front for proper, comfortable positioning of patient and has an easy-operating pop-up drain. Thermostatic or manual control. Vitreous china in color or white.

B.

C.

C. Morningside Health Center, New York City. Architect: Harry M. Prince, F.A.I.A.



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I. V. ARM BOARD SYSTEM

PAT. PEND.

THE IPCO I. V. ARM BOARD SYSTEM

is comprised of

► **CUSHION BOARD** of soft, polyurethane foam bonded to a basswood splint core. Entire board encased in heat-sealed vinyl. PLUS,

► **DISPOSABLE DURA-WEVE® SLEEVE**

this combination provides:

A reusable, easily cleaned board

Complete adaptation to normal procedure

Greater utility with no time loss in the preparation of arm boards

Greater patient-comfort since Dura-Weve® absorptive qualities help prevent irritation

One time use of sleeve for each patient aids materially in controlling cross infection

*PRODUCT OF SCOTT PAPER CO.

An effective method to immobilize patient's arm in the administration of intravenous solutions – thus abolishing the need for materials and time spent in preparing makeshift arm boards. The IPCO I.V. Arm Board System provides a comfortable, unified, economical prop in accord with today's most modern technique.

(SCHEDULE OF PRICES)

HE-616 Ipco I.V. Arm Board 18" LONG		HE-616X I.V. Arm Board 9" LONG	
6	$ 1.35 ea.	6	$ 1.20 ea.
1 doz.	13.95 doz.	1 doz.	12.75 doz.
3 doz.	12.95 doz.	3 doz.	11.75 doz.
6 doz.	11.95 doz.	6 doz.	10.75 doz.

(Minimum Order - 6)

HE-616A Dura-Weve® Sleeve for I.V. Arm Board 18" LONG (300 PER CASE)		HE-616AX Dura-Weve® Sleeve for I.V. Arm Board (600 PER CASE) 9" LONG	
100	$8.45 C	100	$4.45 C
300 (case)	7.75 C	300	4.25 C
600 (2 cases)	7.45 C	600 (case)	3.95 C

(Minimum Order - 100)

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To help you plan the one right combination of products and installation methods for your hospital, your Acousti-Celotex Distributor offers expert Ceiling Consultation Service, without obligation.

Because he is a member of the world's largest acoustical organization, you get the benefits of technical skill and product superiority resulting from 34 years of Celotex leadership in the field of sound conditioning. Send coupon below today!

SHOWN: New 2' x 2' Random® Perforated Incombustible Mineral Fiber Tile. Just one of many types of Celotex acoustical products.

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Sound Conditioning

TRADE MARK

Products to Meet Every Sound Conditioning Problem...Every Building Code

The Celotex Corporation, 120 S. LaSalle St., Chicago 3, Illinois
In Canada: Dominion Sound Equipments, Limited, Montreal, Que.

The Celotex Corporation, Dept. G-119
120 S. LaSalle St., Chicago 3, Illinois

Please send me your free booklet "The Quiet Hospital" and name of my nearest Acousti-Celotex Distributor.

Name _____ Title _____

Hospital _____

Address _____

City _____ Zone _____ State _____

For additional information, use postcard facing Cover 3.


PRESBYTERIAN
ST. LUKE'S
HOSPITAL
EXIT

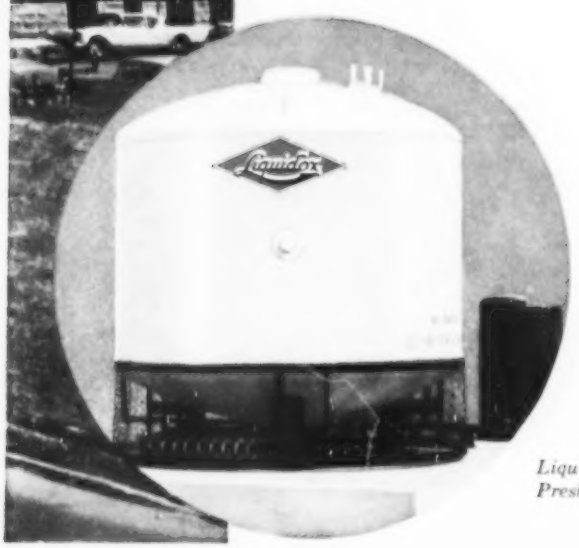
responsibility

Your responsibilities are our business. People who run hospitals have to be secure in the knowledge that their equipment and service are absolutely the best. Many hospitals, like Presbyterian-St. Luke's in Chicago, insure dependability by relying on Liquid Carbonic.

A General Dynamics liquid oxygen central supply system offers:

- **dependable, on-site supply to meet all emergencies**
- **lower product costs through bulk purchasing**
- **reduced labor and handling costs**
- **safety assured in every patient's room—cylinders eliminated**
- **elimination of product loss (you use every foot you buy)**

Your hospital can also enjoy these benefits. Call Liquid Carbonic's hospital piping engineers—they will furnish you with specifications for a central supply system tailored to *your* needs.



Liquid Carbonic's Liquidox receiver, Presbyterian-St. Luke's Hospital.

GENERAL DYNAMICS CORPORATION

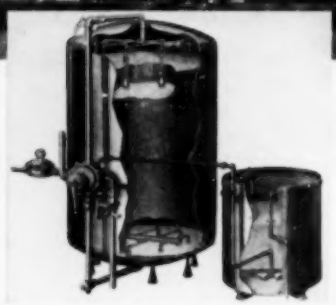
Liquid Carbonic Division
Dept. MH, 135 S. LaSalle Street
Chicago 3, Illinois

In Canada: Liquid Carbonic Canadian Corporation, Ltd., Montreal 9, Quebec

GD CORPORATION | L-C DIVISION

Manufacturer of all medical gases

For additional information, use postcard facing Cover 3.



Are your water conditioning plans in step with your expansion plans?

Up to 44% more Soft Water from the ELGIN "DOUBLE-CHECK" WATER SOFTENER

This remarkable output is from a softener of given size using a given type of zeolite. The Elgin "double-check" design accomplishes this — prevents loss of costly zeolite — saves salt. Both automatic and manual types available.

Dealkalizers prevent corrosion of steam condensate return lines and equipment.

Deionizers are being used by hospitals to produce mineral-free water, equivalent to distilled water for many purposes, and produced at a fraction of the cost of distillation.

Deareating Heaters supply dollar-saving preheated boiler water free of objectionable CO_2 and oxygen.

Elgin services also include modernization of existing softeners when feasible. By adding "Double-Check" manifolds and refilling with new high capacity zeolites, capacities of old softeners—*any make*—have been stepped up from 3 to 10 times. Our representative will be glad to determine what can be accomplished by modernizing your softener.

ELGIN
WATER CONDITIONING
SINCE 1908

It will pay you to make adequate, up-to-date water conditioning part and parcel of your expansion plans. If you don't, you may find later that it will cost you a lot more to catch up with your needs.

Commendable though they are, not all of today's great advances have been made in facilities for diagnosis and therapy. Water conditioning techniques have been moving ahead too . . . and there is no better example of new and better ways than you will find in Elgin water conditioning products and services.

Some of the Elgin products that have a place in your plans are high-lighted here . . . the remarkable Elgin "Double-Check" Softener that gives you 44% more soft water from a softener of given size . . . Elgin Dealkalizers to increase life of return piping . . . Elgin Deionizers to replace distillation at a big saving . . . Elgin Deareating Heaters to cut fuel costs and prevent corrosion.

Yes, whether your hospital is large, small, old, new, or expanding, Elgin's longer and broader experience is the modern, practical, efficient, and therefore *economical answer* to your water conditioning problem.

Write for Bulletin 611C, or, better still, let us put you in touch with your local Elgin representative

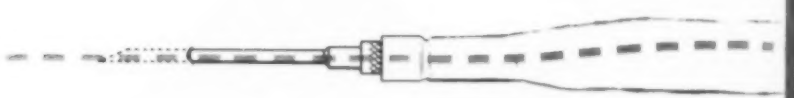
ELGIN SOFTENER CORPORATION
144 North Grove Avenue • Elgin, Illinois

Representatives in Principal Cities • In Canada: G. F. Sterne & Sons, Brantford

HOW THIS INGENIOUS UNIT **SIMPLIFIES** INTRAVENOUS THERAPY

1

Sharp, sterile needle makes venipuncture with minimal discomfort. **Eliminates venous cut-down** and possible sacrifice of the vein.



2

Pliant catheter, within lumen of needle, is advanced about 2" into the vein by simple manipulation. Flexible plastic sleeve protects sterility of catheter. **Eliminates scrubbing and gloving.**

3

Needle is withdrawn, leaving catheter in the vein. The needle hub then becomes an adapter for any intravenous therapy set. **No armboard or other restraint is required** . . . danger and discomfort of a sharp, rigid needle in the vein is avoided. As the Intracath may be left indwelling for several administrations, there is **less trauma, minimized reaction, and the need for repeated venipunctures is reduced.**

BARDIC® DESERET INTRACATH®

INTRAVENOUS CATHETER PLACEMENT UNIT

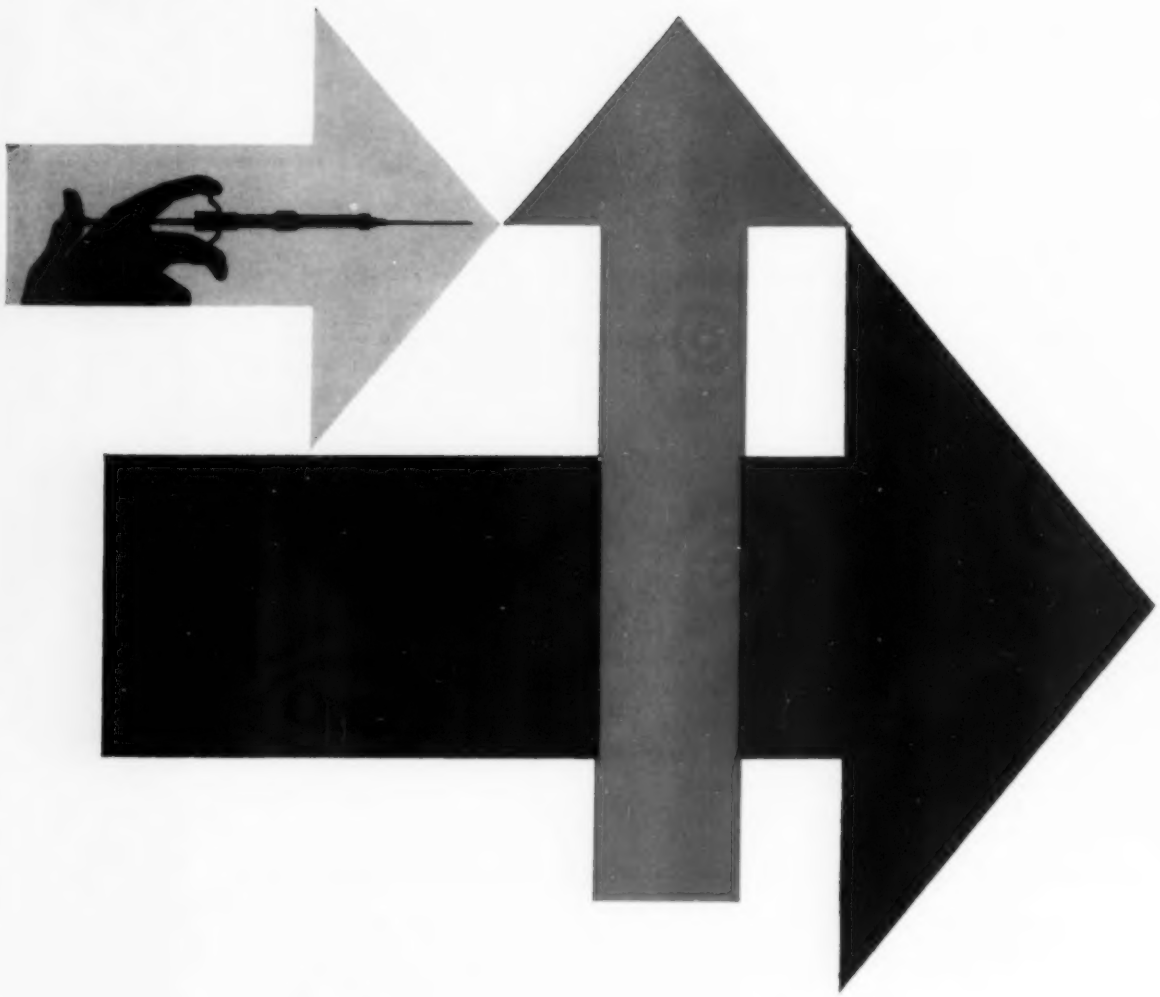
AVAILABLE IN THREE SIZES, NEEDLE GAUGES 14, 17 AND 19.
WRITE C. R. BARD, INC. FOR COMPLETE DESCRIPTIVE LITERATURE.

C. R. BARD, INC. SUMMIT, NEW JERSEY

ORDER FROM YOUR HOSPITAL / SURGICAL SUPPLY DEALER

TUBEX®

pre-filled for
more than 75%
of your injectable needs
. . . empty, sterile cartridges
for all others



TUBEX

MEETS MORE THAN

75% OF INJECTABLE REQUIREMENTS . . .

TUBEX—the most widely used
closed-system of injectables because they . . .

- improve efficiency
- cut waste and breakage losses
- simplify inventory
- discourage narcotics pilferage
- assure asepsis
- reduce risk of contact sensitization
- guarantee accurate dose
- eliminate a source of serum hepatitis

TUBEX . . . decreases operating costs . . .
boosts morale . . .
increases net revenue

CLOSED-SYSTEM INJECTION

TUBEX®

Wyeth
Philadelphia 1, Pa.

ANTIBIOTICS

BICILLIN® Long-Acting (Benzathine Penicillin G in Aqueous Suspension, Wyeth)—600,000 units per 1 cc., 1,200,000 units per 2 cc.
BICILLIN C-R (Benzathine Penicillin G and Procaine Penicillin G in Aqueous Suspension)—600,000 units per 1 cc., 1,200,000 units per 2 cc.
LENTOPEN® (Procaine Penicillin G in Oil [with Aluminum Monostearate], Wyeth)—300,000 units per 1 cc.
LENTOPEN All-Purpose (Procaine Penicillin G and Potassium Penicillin G, in Oil)—400,000 units per 1 cc.
DIHYDROSTREPTOMYCIN Sulfate—0.5 Gm. per 1 cc., 1.0 Gm. per 2 cc.
STREPTOMYCIN Sulfate—0.5 Gm. per 1 cc., 1.0 Gm. per 2 cc.
WYCILLIN® Suspension (Procaine Penicillin G in Aqueous Suspension, Wyeth)—300,000 units per 1 cc., 600,000 units per 1 cc., and 1,200,000 units per 2 cc.
WYCILLIN DSM (Procaine Penicillin G with Dihydrostreptomycin Sulfate)—400,000 units Penicillin and 0.5 Gm. Dihydrostreptomycin base as sulfate per 2 cc.

NARCOTICS AND ANALGESICS

MEPERGAN* (Promethazine Hydrochloride and Meperidine Hydrochloride, Wyeth)—50 mg. of each per 2 cc., 50 mg. of each per 1 cc.
MEPERIDINE HYDROCHLORIDE—50 mg., 75 mg., and 100 mg. per 1 cc. Also, each in 2 cc. (1 cc. fill) as well as 25 mg.‡
MORPHINE Sulfate—8 mg., 10 mg., and 15 mg. per 1 cc.
CODEINE Phosphate—30 mg. per 1 cc., 60 mg. per 1 cc.

ATARACTIC AGENTS

PHENERGAN® (Promethazine Hydrochloride, Wyeth)—25 mg.‡ and 50 mg. per 1 cc.
SPARINE® (Promazine Hydrochloride, Wyeth)—50 mg. per 1 cc., 50 mg.‡ and 100 mg. per 2 cc.

TOXINS, TOXOIDS AND VACCINES

DIPHTHERIA AND TETANUS TOXOIDS COMBINED (Aluminum Phosphate Adsorbed, Ultrafined*, Pediatric)—0.5 cc.
TETANUS ANTITOXIN (Refined and Concentrated, Equine Origin)—1500 units per 1 cc., 3000 and 5000‡ units per 2 cc.
TETANUS AND DIPHTHERIA TOXOIDS COMBINED (Aluminum Phosphate Adsorbed, Ultrafined, for Adult Use)—0.5 cc.
TETANUS TOXOID (Aluminum Phosphate Adsorbed, Ultrafined)—0.5 cc.
TRIPLE ANTIGEN (Diphtheria and Tetanus Toxoids and Pertussis Vaccine Combined, Aluminum Phosphate Adsorbed, Ultrafined)—0.5 cc.
POLIOMYELITIS VACCINE (Types 1, 2 and 3)—1 cc.

MISCELLANEOUS

ALLERGENS—House Dust†, Mixed Grasses†, Ragweed Combined†, Rocky Mountain†, Southern Formula†, West Coast—Early Summer†, West Coast—Late Summer†, Poison Ivy—Oak—Sumac Combined
EPINEPHRINE Hydrochloride† (U.S.P., 1:1000)—0.5 cc. in 1 cc.‡
WYAMINE® Sulfate (Mephentermine Sulfate, Wyeth)—30 mg. per 1 cc.,‡ 60 mg. per 2 cc.‡
SODIUM CHLORIDE Solution (U.S.P.)—2 cc., graduated
WATER for Injection (U.S.P.)—2 cc., graduated
TUBEX, Empty, Sterile—1 and 2 cc.

TUBEX injectables (except those indicated†) are supplied as sterile cartridge units with presharpened, sterile needles affixed. The TUBEX syringe is a precision, all-metal instrument, easy to load and durable.

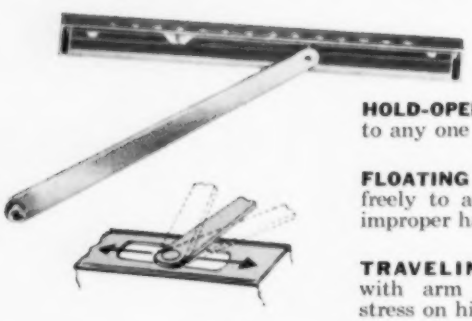
Because medications are constantly being added to the TUBEX line, it cannot become obsolete. But even for injectables not yet available in TUBEX form, empty sterile cartridges can easily be filled and used.

‡Soon to be available. Seek further information from your Wyeth Territory Manager.
*Trademark

MULTI·CHECK®

FOR INTERIOR DOORS

one-piece arm "hides away" when door is closed



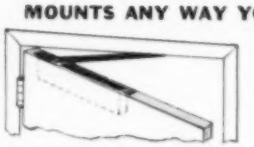
HOLD-OPEN quickly adjustable to any one of 7 points.

FLOATING ROLLER in arm rides freely to adjust to door sag or improper hanging.

TRAVELING SPINDLE moves with arm to relieve leverage stress on hinges and door frame.

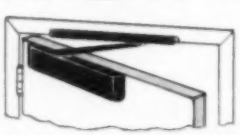
TWO CLOSING SPEEDS independently adjustable.

MOUNTS ANY WAY YOU LIKE . . .



mortised in the door (right or left hand)

push side—surface mounted (right or left hand)
NO SPECIAL BRACKET NEEDED



pull side—surface mounted (right or left hand)

one set of fixtures for all surface mountings

write for complete details and installation templates

MULTI·CHECK

THE OSCAR C. RIXSON COMPANY
9100 west belmont avenue • franklin park, illinois
CANADIAN PLANT: 43 racine rd. (rexdale P.O.) toronto, canada

"Our new American Dyna-Pak Presses are so simple and easy to operate."

Sister Mary Kieran, Administrator
Providence Hospital
Beaver Falls, Pa.

American's new

DYNA-PAK

" . . . Dyna-Pak Presses are fast, also produce an excellent quality finish on uniforms and apparel. Purchase and installation of American Dyna-Paks was a wise and profitable investment, and we are very happy to recommend them to others."

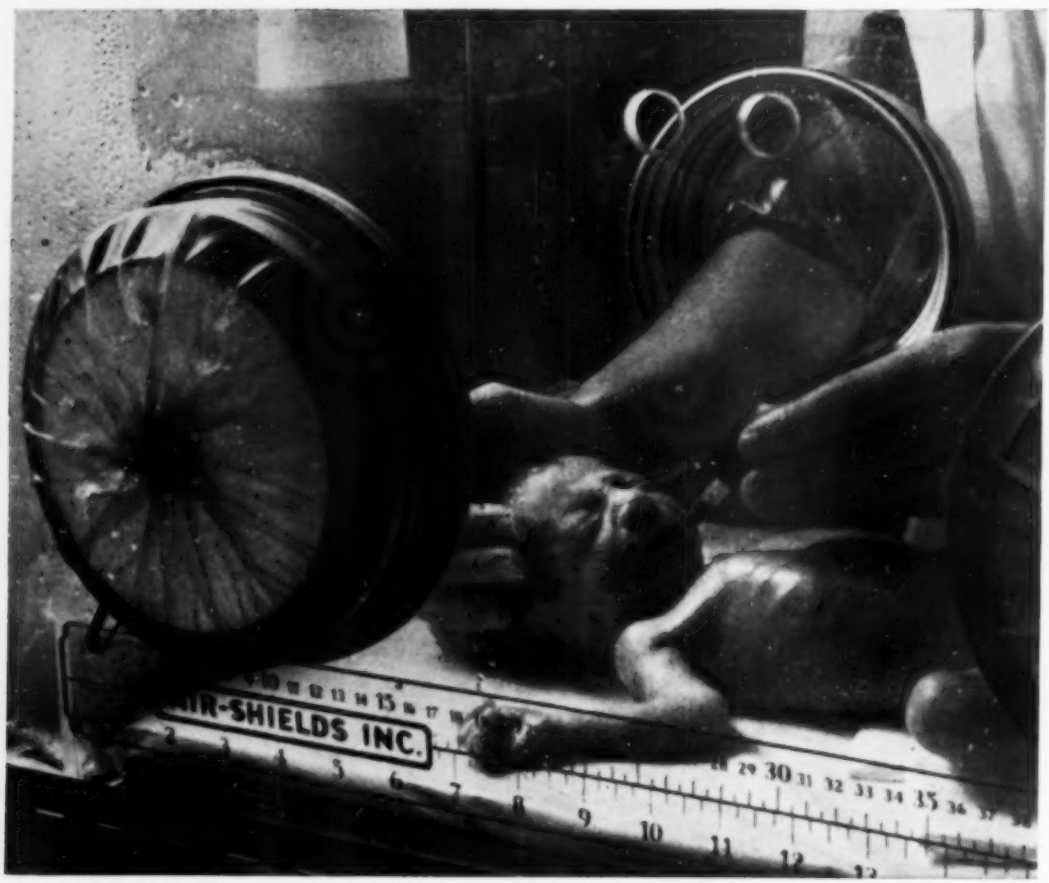
See for yourself how exclusive Sealed Power and unusually Simple Design make the all-new Dyna-Pak the fastest, easiest-to-operate laundry press ever developed. Call your nearby American representative, or write for Catalog AK 230-002.

THE AMERICAN LAUNDRY MACHINERY CO., CINCINNATI 12, OHIO

You get more from

American

Greater promise for survival within the "protective shell" of the ISOLETTE®



The ISOLETTE® insures every advantage for survival.

Maximum protection for the tiniest infant requires strict isolation and precise control of the incubator environment. The ISOLETTE® Infant Incubator alone provides these essentials through "well regulated warmth and humidity and economical oxygen concentrations in a convenient working area for nurse and doctor . . . The isolation of the patient from his neighbors and from the contaminated or ailing doctor or nurse is an additional safeguard. Intravenous cutdowns, weighings, spinal taps and other procedures are all possible within its protective shell."[1]

For absolute isolation, fresh, pathogen-free, circulating outside air is made available only by the ISOLETTE. When nursery air must be used, addition of the new MICRO-FILTER to the ISOLETTE incubator provides pathogen-filtered air by removing all air-borne contaminants down to 0.5 micron in size. Moreover, ". . . a humidity of 80 to 90 percent can be obtained only in incubators with forced ventilation (e. g., the ISOLETTE)."[2]

For additional information about the ISOLETTE, write to AIR-SHIELDS, INC., Hatboro, Pa. or phone us collect from any point in the U.S.A. (OSborne 5-5200).

1. Lynn, H.B.: Postgrad. Med., 22:429, 1957.
2. Dancis, J.: Postgrad. Med., 22:194, 1957.

AIR-SHIELDS, INC.

Hatboro, Pa., U.S.A.

Research and engineering to serve medicine throughout the world.

"American's new Dyna-Pak does a beautiful ironing job."

Don Maloney, Laundry Manager
St. James Hospital
Chicago Heights, Ill.

American's new

DYNA-PAK

". . . it's very fast, delivers maximum pressure, and has exceptional heat transfer. With few moving parts, we believe Dyna-Pak will give us many years of trouble-free operation."

See for yourself how exclusive Sealed Power and unusually Simple Design make the completely new Dyna-Pak the fastest, easiest-to-maintain laundry press ever developed. Call your nearby American representative, or write for Catalog AK 230-002.

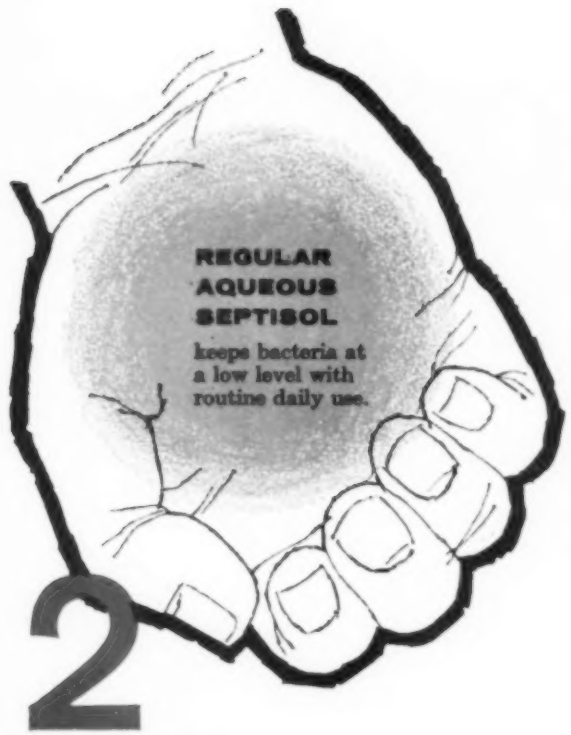
THE AMERICAN LAUNDRY MACHINERY CO., CINCINNATI 12, OHIO

You get more from

American

With the *New* SEPTISOL 3-dimensional procedure,

scrubbing time is greatly reduced, effectiveness is increased and the entire method of antiseptic skin preparation is MODERNIZED.



1st DIMENSION (Fast, effective skin degerming)

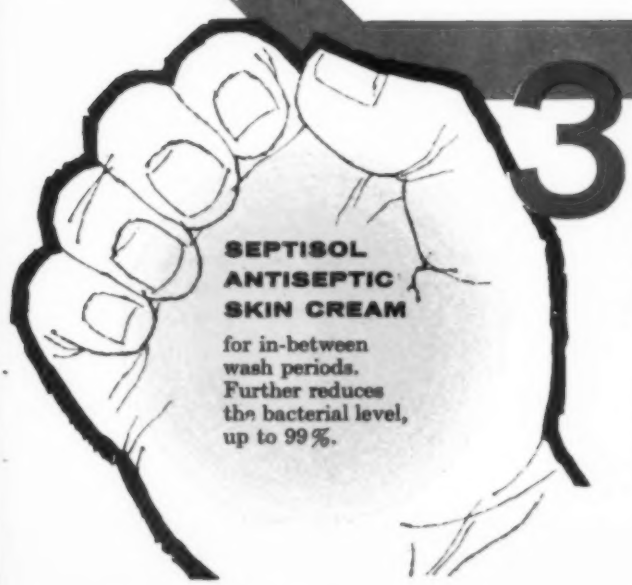
Tincture SEPTISOL (SEPTISOL diluted with 2 parts alcohol) combines the rapid killing power of alcohol, for immediate bacteria reduction, with the residual antibacterial activity of hexachlorophene, deposited in the deep layers of the skin to curb the regeneration of bacteria.

With Tincture SEPTISOL a person with no previous exposure to hexachlorophene may obtain, IN JUST 3 MINUTES OF SCRUBBING (no brush), a bacterial reduction otherwise attainable only in two or more consecutive days using an aqueous hexachlorophene detergent.

Tincture SEPTISOL is recommended for all emergency scrubs, all preoperative patient skin preparation, anyone with no previous exposure to hexachlorophene, whenever washing with hexachlorophene has lapsed for more than 24 hours.

2nd DIMENSION (Routine skin degerming)

REGULAR AQUEOUS SEPTISOL (SEPTISOL diluted with 2 parts water) gives effective residual antibacterial activity, high detergency cleansing action plus won't irritate normal skin. After the complete degerming of the skin has been accomplished by the 1st SEPTISOL Dimension, the routine daily use of REGULAR AQUEOUS SEPTISOL will build-up and maintain the hexachlorophene protection to curb the regrowth of disease causing skin bacteria. REGULAR AQUEOUS SEPTISOL is recommended for: the surgical scrub where there has been exposure to hexachlorophene within 24 hours. Scrub between glove changes, post-operative wash of surgical team and patient, and all regular hand washing by all personnel.



3rd DIMENSION (In-between wash periods)

SEPTISOL ANTISEPTIC SKIN CREAM:—Ideal for periods between washes, after hours, weekends, etc., to maintain the high degree of hexachlorophene protection. Keeps skin feeling fresh and clean. Adds additional hexachlorophene protection with each use. Prevents dryness and skin irritation. Excellent for infant skin lubrication and protection. Treats pyogenic skin infections. A wonderfully soothing massage to prevent patient bed sores.

Try the NEW SEPTISOL 3-DIMENSION procedure in your hospital.

Write to VESTAL, Inc. for free new SEPTISOL booklet
4963 Manchester Ave., St. Louis 10, Missouri

LEDERLE ANNOUNCES...

a major contribution...

DECLO

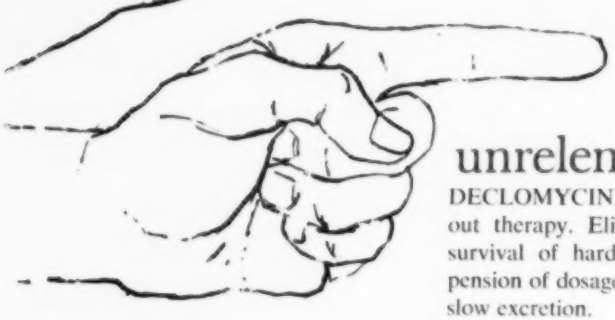
Demethylchlortetracycline Lederle

far greater antibiotic activity

Milligram for milligram, DECLOMYCIN produces activity levels 2 to 4 times higher than those of tetracycline. Exhibits significantly greater potency against susceptible organisms.

with far less antibiotic intake

DECLOMYCIN demonstrates the highest ratio of prolonged-peak activity level to daily milligram intake. The lowered antibiotic intake per dose reduces likelihood of adverse effects in the intestines.



unrelenting-peak attack

DECLOMYCIN high activity level is uniquely constant throughout therapy. Eliminates peak-and-valley fluctuation; counteracts survival of hardier infecting variants. Sustains control on suspension of dosage – through greater stability, minimal degradation, slow excretion.

Lederle LEDERLE LABORATORIES, a Division of AMERICAN CYANAMID COMPANY, Pearl River, New York

to the hospital formulary

MYCIN®

A MASTERPIECE OF ANTIBIOTIC DESIGN

plus "extra-day" activity

...FOR PROTECTION AGAINST RELAPSE

DECLOMYCIN maintains activity for one to two days after discontinuance of dosage. Features unusual security against resurgence of primary infection or secondary bacterial invasion. —enhancing the traditional advantages of broad-spectrum tetracycline . . . for greater patient, physician, hospital benefits.

immediately available:
DECLOMYCIN Capsules, 150 mg.
Adult dosage: 1 capsule four times daily.
DECLOMYCIN Pediatric Drops, 60 mg./cc. (20 drops) in bottles of 10 cc. with dropper.
DECLOMYCIN Oral Suspension, 75 mg./5 cc. Bottles of 2 fl. oz.

For additional information, use postcard facing Cover 3.

1. and **1A.** Fire Alarm System utilizes manual stations (pull boxes) that sound a coded signal on special alarm chimes; fire zone is then investigated and general alarm sounded on 10" firebells if evacuation is necessary. Only authorized personnel with keys can sound general alarm. Automatic fire detectors are located in pharmacy and storage areas.

2. Automatic releases are installed on all fire doors. When fire is reported or detected, all fire doors close automatically and seal-off fire areas.

3. Audio-Visual Nurses' Call System—nurses office communicates directly with nurse or patient in patient's room. Saves nurses steps, means more time for patients. Tamper-proof room installations are a special feature.

4. Pharmacy burglar alarm—unauthorized personnel without key, upon entering pharmacy area cause alarm to ring.

5. Double-face, doctor's in-and-out register in communications area, allows attendant to check presence of doctors in hospital, and flash by numbered code on Edwards silent paging system.

6. Edwards Synchronous Clock System automatically resets for any power failure. All types of clocks are used in offices, corridors, and reception areas. Edwards elapsed time indicators are installed in operating rooms.

7. Emergency alarm for protection of nurses. As nurse enters room, she uses key to light dome lamp, shown above. In any emergency, she activates momentary push button which causes red dome lamp to light in corridor, lamp and alarm bell are set off at master station.

only Edwards

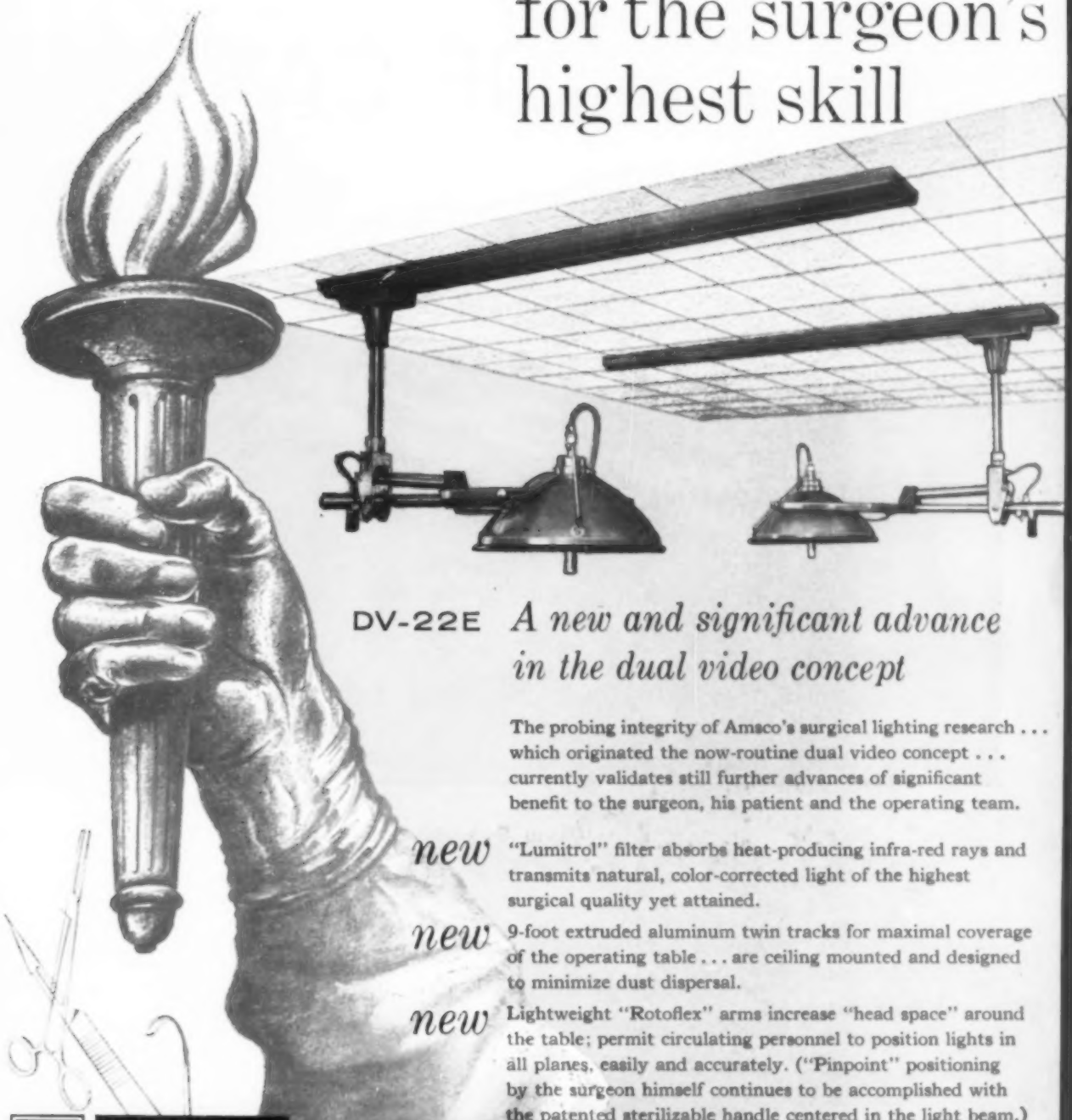
makes a complete line of signaling systems for Hospital Control, Communication, Protection. From audio-visual nurses' call systems to automatic fire-door closing devices, Edwards can provide all the equipment to help operate your hospital more efficiently with added features of safety and convenience. ■ Edwards technical specialists from coast-to-coast team up with your consulting engineer and electrical contractor to provide completely modern, up-to-the-minute installations. For information on any or all of the systems described here, write Edwards Company, Inc., Dept. MH11, Norwalk, Conn.

EDWARDS

Specialists in Signaling since 1872 for Control • Communication • Protection • (In Canada: Edwards of Canada, Ltd, Owen Sound, Ontario)

All photos taken at Boston State Hospital, Boston, Mass. Architect—M. A. Dyer Co. Consulting Engineers—J. M. McCusker Co. Contractor—James Wilkinson Co.

Light
for the surgeon's highest skill



DV-22E *A new and significant advance in the dual video concept*

The probing integrity of Amsco's surgical lighting research . . . which originated the now-routine dual video concept . . . currently validates still further advances of significant benefit to the surgeon, his patient and the operating team.

new "Lumitrol" filter absorbs heat-producing infra-red rays and transmits natural, color-corrected light of the highest surgical quality yet attained.

new 9-foot extruded aluminum twin tracks for maximal coverage of the operating table . . . are ceiling mounted and designed to minimize dust dispersal.

new Lightweight "Rotoflex" arms increase "head space" around the table; permit circulating personnel to position lights in all planes, easily and accurately. ("Pinpoint" positioning by the surgeon himself continues to be accomplished with the patented sterilizable handle centered in the light beam.)

Soundly engineered and manufactured with traditional Amsco precision, the DV-22E adds sturdy dependability and flawless function in further support of the surgical team.

Write for technical bulletin LC-165.

AMERICAN STERILIZER
ERIE • PENNSYLVANIA

World's largest designer and manufacturer of Sterilizers, Surgical Tables, Lights and Related Equipment

New NIBROC® ZIP-TOP CARTON

just grab tab and...zip!

FAST! EASY! CLEAN!

SAVES TIME AND TEMPER!

SAVES FINGER NAILS!

SAVES CARTONS FOR RE-USE!

Now . . . all NIBROC Towels come in the time-saving ZIP-TOP Cartons at no extra cost! No tearing or slashing of carton—they zip open with an easy pull and close again neatly to keep your NIBROC Towels sanitary. Ask your dealer about NIBROC Hi-Dry Quality Towels in the new, easy-open carton.

SEND TODAY for samples, complete information, and a set of 8 Washroom Posters that will help you reduce maintenance costs. For the name of your nearest Nibroc Dealer, see "Paper Towels" in the Yellow Pages.

BROWN COMPANY
Dept. NP-11, Towel Sales Division
150 Causeway St., Boston 14, Mass.

SMALL HOSPITAL QUESTIONS

Committee on Admissions

Question: We are planning to organize a medical staff committee designed to eliminate or at least curtail unnecessary admissions and overuse of inhospital diagnostic and therapeutic services. How many staff members should be on such a committee and for how long? What is the administrator's function in relation to the committee? – T.R., Miss.

ANSWER: A guide for establishing a medical staff utilization committee was recently published and distributed to hospitals in Western Pennsylvania (The MODERN HOSPITAL, October 1959, p. 176). The guide states that, for effective functioning, such a committee should have no less than 5 and no more than 15 members. Generally appointments should be for a one-year period; reappointments may be made. The guide also suggests that the hospital administrator, or his designated assistant, should attend meetings and be responsible for the minutes of the meeting and for furnishing information on administrative procedures and policies which the committee may request.

Canned Goods Inventory

Question: How large an inventory should be maintained on canned goods and boxed groceries? Should these be purchased on an annual basis or at more frequent intervals during the year? – D.M., Ill.

ANSWER: The exact size of an inventory of food and supplies depends upon circumstances, such as distance from markets or sources of supply, quantity purchasing power, size and convenience of storage area, rate of turnover or consumption of stock.

One rule is never to tie up more operating capital in inventory than is economically practical or necessary. This would immediately rule out purchasing canned goods and staples on an annual basis.

Some purchasers hold it to be good practice to stock no more than two-thirds of each month's consumption at a time. Yet wise purchasing procedures include making the dollar go as far as possible, and quantity purchasing may be one answer. In other words, a considerable saving may result in the purchase of 50 cases of Bartlett pears or Blue Lake beans, for example, as compared to the 10 case price. If these are fast moving items, as they usually are, and if the space is available and easily accessible, it would be wise to buy in 50 case lots.

A savings may be obtainable on a 200 case shipment, which would be composed of various items of staple goods. This should not overstock the consumer with any one item or tie up too much capital in inventory. In any event, careful rotation of stock is necessary, if fresh merchandise is to be served at all times.

Be wary of warehouse clean-out sales at fantastically low prices; insist on cutting samples whenever possible before you buy. Weekly or biweekly shipments of commodities wherever possible ensure fresh merchandise, a closer check on current market trends, and a smaller but safe inventory. – J. MCKELLIN, *Wheaton College*.

Hill-Burton Unit Construction Costs, 1948-58

Calendar Year	Project Awards Included	Average Project Cost — $	
		Per Sq. Ft.	Per Bed
1948	73	$20.0	$11,987
1949	48	21.0	12,403
1950	43	21.1	13,418
1951	28	27.6	17,120
1952	25	25.5	16,933
1953	29	25.1	16,387
1954	29	24.9	15,430
1955	43	26.6	16,471
1956	34	25.7	16,820
1957	45	27.3	17,750
1958	65	30.4	19,002

Construction Costs Rise

Question: We are building an addition to our present hospital, which was constructed 12 years ago. According to our bids, the cost of this addition will be approximately $28.50 per square foot. This is $9 per square foot more than the cost of the original facility. How does this increase compare with that experienced by other hospitals? – L.T., Wis.

ANSWER: It seems to be roughly in line. Construction costs vary considerably by region, of course, but the table (see above), prepared by the Division of Hospital and Medical Facilities of the U.S. Public Health Service, should be of interest to you. It shows the unit construction costs of Hill-Burton new general hospitals for the last 11 years.

P and T Committee Role

Question: What is the role of the pharmacy and therapeutics committee in the control of hospital infections? – A.P.J., Ind.

ANSWER: Since most hospitals have followed the recommendations of the Joint Commission on the Accreditation of Hospitals and set up a committee on infections, the role of the pharmacy and therapeutics committee in the control of infections is minimized. It would appear that the pharmacy and therapeutics committee should be "on call" to advise or work with the committee on infections PRN and particularly when drugs, sterilizing agents, and so forth are involved.

ANY QUESTIONS?

The Modern Hospital will be glad to try to answer them.

If you have a problem or if you're just curious about a procedure or a statistic, please feel free to write this department, care of The Modern Hospital, 919 North Michigan Ave., Chicago 11.

wire from Washington

HEALTH CARE OF THE AGED

The old people are getting more attention than ever before. Whether in the end they will be any better off remains to be seen.

Three congressional committees are looking into their problems at the same time – and always the problem that looms largest appears to be the financing of their medical care.

How the oldsters pay for their housing, clothing, recreation, transportation – but mostly hospital and doctor bills – these are already top political, economic and social issues in Washington, and they will remain in the spotlight all through next election year.

I. The House ways and means committee, which last summer held hearings on the Forand bill for hospitalization under social security, has its staff at work digging out and analyzing facts, and it has agreed to take up this measure again early next year.

II. Sen. Estes Kefauver's subcommittee on monopoly on December 7 will start hearings on drug prices – led off by witnesses from drug firms that manufacture the corticosteroid hormones, which do the old people so much good but cost so much money.

III. Sen. Pat McNamara (D.-Mich.) continues his cross-country tour with his subcommittee on problems of the aged – and at every stop the interwoven issues of medical care costs and the Forand bill come in for headline attention.

IV. The Department of Health, Education and Welfare has promised to have ready shortly a study of the Forand idea and any alternatives for financing medical care for those past 65.

V. The staff of the 1961 White House Conference on Aging is digging in on its job of stimulating state conferences, planning the national session, and lining up all facts available on the old people's problems. It is having extreme difficulty in learning actually just how much medical care those past 65 need, on the average. Hovering over these planners is the specter of the Forand bill; they don't want the 1961 conference to revolve around this one issue, but there is always that danger.

So much for what is happening in government in the field of the aged and the aging. There is intensive activity outside, too.

These problems, and again particularly the Forand bill, continue to occupy much of the time and talent of the two most politically powerful organizations in the health fields – the American Hospital Association and the American Medical Association.

On the record, A.H.A. opposes the Forand bill, and it so testified before the House ways and means committee last summer. But the deep division within A.H.A. on the issue is becoming more and more apparent. Those who think the bill is the only way to keep hospitals solvent point to the established policy of A.H.A.: The social security approach (actually the Forand approach) eventually may have to be resorted to.

To attempt once again to devise some compromise, so A.H.A. can present a united front at the next hearings, a study group is screening all possible solutions. It is working against a fairly certain deadline – Chairman Wilbur Mills' promise that the ways and means committee would not delay Forand hearings once Congress reconvenes.

While the A.M.A. has a formidable task in its outright, no-holds-barred opposition to the Forand bill, it can take some consolation in the fact that its ranks are nowhere near as divided as A.H.A.'s on the question.

For more than two years the A.M.A. has been fighting the Forand idea with all the strength and skill it has, and all the money needed. At the start, there were some islands of opposition to the established policy. But now there are very few. A.M.A. witnesses next year can go before Congress and state truthfully that the profession is at least 90 per cent opposed to the Forand bill.

In working out an efficient machine to oppose hospitalization under social security, the A.M.A. hired one public relations firm, and the result was not too well received by the doctors. The second public relations company now has been on the job for more than a year, and it is delivering.

Now, mainly to defend the social security line against inroads of what it regards as socialized medicine, the A.M.A. has taken a grass-roots approach to legislators and legislation.

At a recent and unpublicized meeting in St. Louis, medical representatives from every state got the new line. They were told – by a governor, two U.S. representatives, and A.M.A. officers and staff people – that national lawmakers are going to pay more attention to what one voter back home tells them than what a dozen lobbyists in Washington try to tell them.

The theme is citizenship: It is a public responsibility for doctors – as well as labor leaders – to take a hand in the processes of lawmaking. This includes working against the profession's enemies and for its friends, and in influencing congressional and public opinion.

The rough-and-tumble work of politics will not be done by the A.M.A. or by state medical societies, but by doctors, working individually or in groups completely disassociated from national or state medical societies. Under their charters, the established medical associations may not partici-

pate in election campaigns. But their members can and should. This is the message the A.M.A. is putting over.

So now on the Forand bill – the heart of the medical care for the aged issue on the national level – lines are well drawn.

The A.M.A. will return to the fight well prepared. In addition to the membership support, the association has held a series of regional meetings devoted to study of the medical cost problems of the aged. It hopes that these have had some influence on public opinion.

The A.H.A. will have to testify, but there is little chance that it will pull up into line with the A.M.A.'s unequivocal position of total opposition to the Forand bill.

The McNamara subcommittee certainly will not oppose the Forand bill, and might come out in cautious support of it.

Unless some of the more liberal elements of the Republican party influence the White House, the prospect is that the Department of Health, Education and Welfare, in its forthcoming report as well as in its testimony, will continue to oppose the bill.

Organized labor, supported by most welfare workers and the registered nurses, will continue to give the Forand idea wholehearted support.

The over-all prospect is that this fight will become so acrimonious, particularly among those elements that would have to work with the Forand program, that the still conservative leaders of the Democratic party will search hard for some way of stalling a decision for yet another year.

INSURANCE FOR FEDERAL EMPLOYES

Passage of a bill for hospitalization-medical insurance for federal employes didn't settle everything. The only assured thing is that by next July 1, when the program is scheduled to go into effect, the Civil Service Commission will have something ready.

In passing the bill, Congress turned over to the C.S.C. many of the problems that for years had prevented enactment of the legislation. The factions that had been in conflict agreed to let the C.S.C. settle everything left over from Congress.

However, it is now recognized that there's a limit to what the C.S.C. can do. It will lay down the playing rules, but next year in many populous parts of the country there will be wide-open competition for U.S. workers' health insurance, with commercial companies, the Blues and such groups as H.I.P. and Kaiser bidding for the big, new business.

First goal of the commission is selection of a prime carrier for commercial indemnity insurance by December 1. The company must be licensed in all 48 states, which obviously limits the number of candidates.

New National Program Proposed for Blue Cross; Dr. MacLean To Retire as Association President

CHICAGO. – A broad national program for Blue Cross was proposed here last month in a report to the Blue Cross Association by Dr. Basil C. MacLean, association president.

Dr. MacLean's report was presented to the meeting by Harry Becker, a member of the association staff. Dr. MacLean will retire as association president Jan. 1, 1960, and, it is expected, he will be succeeded by James E. Stuart, vice president.

As presented for consideration by the association, the MacLean program called for establishment of a single national Blue Cross agency; representation in Blue Cross policy-making of manufacturers, labor and government as well as providers of hospital services; appointment of a public advisory council for Blue Cross; substantial liberalization of hospital service benefits; greater uniformity among plans in hospital payment methods, and recognition that Blue Shield benefits do not meet insurance company competition when offered in joint programs with Blue Cross.

The association took no action on the proposals at its meeting here.

Pointing out that Blue Cross was organized at a time of "crisis in hospital finance" Dr. MacLean said Blue Cross now faces a new crisis caused by lack of national entity and national responsibility to the public.

"Over the past five to eight years I have seen a growing deterioration of our position nationally and a weakening of our existing objective of firmly establishing Blue Cross as a permanent institution of unquestioned dominance in the field of hospital prepayment," he said. "In my judgment Blue Cross cannot survive the social and economic impact of the developments we can reasonably expect in the 1960's unless a far stronger program than exists today, and one more clearly oriented to public interest, is aggressively developed and effectively implemented."

Government will move into prepayment financing unless the gaps in present programs and population coverage are filled, Dr. MacLean warned. An association study of 190 of the 200 largest manufacturing companies in the country indicated Blue Cross enrollment losses in these companies have exceeded gains in the last six years, he reported.

"Current losses in Blue Cross enrollment and predictable losses in the next few years need not occur if all plans would unite in a common effort," Dr. MacLean said.

In addition to the establishment of a single national agency, the most important of the MacLean recommendations involved liberalization of Blue Cross benefits to "stimulate national interest and capture unconditionally the competitive advantage now enjoyed by the commercial insurance industry."

Blue Cross benefits should cover all hospital services provided for inpatients, outpatients, and patients cared for at home, Dr. MacLean said, and there should be no limit on the number of benefit days provided in Blue Cross contracts. "Medical need for hospital care alone should determine the available benefit days and there should be no barrier to frequent discharge and readmission for long-term or chronic illness," he said.

An American Hospital Association committee that has studied national Blue Cross problems recommended establishment of a single national agency to handle enrollment, promotion, research and integration functions for Blue Cross plans, Frank S. Groner, chairman of the committee, reported. The committee also recommended that the A.H.A. itself take over the approval program for Blue Cross plans, a function now performed by the Blue Cross Commission.

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NOVEMBER 1959

LOOKING AROUND

Figure

A YEAR or so ago, when we reported details of the experiment in progressive patient care at Manchester Memorial Hospital, Manchester, Conn., we remarked that "to some observers, progressive care looks like the first break-through in the long, uphill struggle to make better care at lower cost a reality" – a statement for which we were scolded by wait-and-see hospital friends who said the experiment hadn't proved anything and doubted that progressive patient care would work. Not long afterward, we were accused of "evangelizing" for progressive patient care. The charge is untrue; we have tried to inform readers about progressive care and interpret it in these pages, but not to instruct or convert others, as to a gospel.

Informing but not instructing again, we wish to report now that scarcely a week goes by without our hearing about another hospital that has adopted one or more of the elements of progressive patient care, and, more than just occasionally, we learn about new hospitals being designed to provide the full progressive treatment.

Those who are sure progressive care won't work have been sharpest in their rejection of the suggestion that progressive care may save hospital patients money. "What is the evidence?" they say, and, "Let's see the figures," and, when figures are shown, "The figures don't mean anything."

Well, we've just seen a figure that means something to us, whatever it may mean to the skeptics. A report published recently by the Lankenau Hospital, Philadelphia, describes a new building at Lankenau that includes a specially designed unit for ambulatory patients. The unit occupies three floors of the new building and includes 126 beds in self-help facilities planned by Architect Vincent G. Kling. "Each of the three floors is supervised by one head nurse and one other graduate, assisted by trained auxiliary personnel," the Lankenau bulletin said. "The force represents about one-half the number of graduate nurses required on any floor of comparable size in the traditional general hospital. In an era when medical costs are high and graduate nurses hard to come by, both the patient and Lankenau may be expected to benefit by this application of modern hospital operation. To the patient, it represents an immediate saving amounting to approximately $5 per day less than the charges for comparable accommodations in the Main Building."

We're just informing here, of course. You want to know what evangelizing really is, call Philadelphia.

Analgesic Cha Cha

IT WAS a dentist, we are told, who first used ether as an analgesic more than 100 years ago, and, according to recent reports, the dentists are at it again. Dentists who have tried it are raving about a new method that promises, once again, to do away with all the rueful jokes about drilling. The device is a high fidelity tape recorder equipped with earphones and a volume control switch. Sitting in the dentist's chair, the patient puts on the earphones and holds the volume control switch in his hand. The recorder starts playing something, and the dentist starts drilling. If the patient feels anything, he is instructed to turn the volume up – and presumably the pain will stop immediately.

This sound spooky? Well, according to reliable testimony, it works. Patients who used to start shrieking as the drill came in sight now leave the chair following substantial excavation, humming *The Ride of the Valkyries* and swearing they haven't felt a thing.

If it works for a pain in the teeth, what about a pain in the abdomen, or elsewhere? Obviously, if the method carries over from dentistry to surgery, as ether did, it is going to revolutionize, if not eliminate, the practice of anesthesiology. The way things are now, your anesthesiologist has to study an awful lot of medicine and pharmacology, but he needn't know Bach from bread, and probably doesn't. If this new method gets into the hospital, though, all that will change. Along with the oxygenator, pacemaker and perfusion pump, the anesthesiologist will have to learn how to operate the hi-fi, and, in addition, he will have to know which composers go best with which procedures, and which patients. Much as he would if he were given the wrong type blood, a Brahms man might easily go into shock if he got Brubeck by mistake. If Beethoven is indicated for orthopedics, say, what should be prescribed in proctology? Hindemith? Here is a whole new science to be learned and applied, and, obviously, the anesthesiologists had better get busy – *allegro, molto con brio.*

Test Tube Record

HE WHO hesitates is more likely than not to come up with a wrong answer, according to a study of executive function that was re-

ported recently in a learned journal. Taking a long time to think about a question does not increase the chances of making a correct decision, a group of psychologists at Ohio State University said in an article published in *Management Science*. In fact, the researchers discovered, executives taking part in the study tended to postpone decisions, and "the delay was ineffective, since analysis revealed that the longer the delay the more likely a wrong decision would be made."

Attractive as the idea may be to hard-pressed hospital administrators, however, the Ohio report does not necessarily argue in favor of snap decisions as opposed to considered judgment. As it turned out, the research was conducted with undergraduate students taking the part of executives and basing their decisions on information fed to them by role-playing subordinates. "The over-all latency in arriving at a correct decision was 376 seconds, while an incorrect decision took 486 seconds on the average," the research report said, adding that executives *in vitro* made 30 wrong decisions in handling a total of 144 problems.

Administrators who are inclined to scoff at this record of indecision and poor performance should keep one important fact in mind: *In vivo*, nobody keeps score.

Strike Vote

ONE muggy night last summer we visited a meeting of nonprofessional employes from Chicago's Mount Sinai Hospital. They were assembled, 140 strong, in a union hall of pink, Spanish-type architecture, to take a strike vote.

When we arrived, Victor Gotbaum was speaking. Mr. Gotbaum, a swarthy, crew-cut version of Peter Lawford, is district director here of the American Federation of State, County and Municipal Employes. Local 1657 of that union struck two Chicago hospitals in late August and, as of this writing, is still holding forth with picket lines at both institutions.

Seated on the platform behind Mr. Gotbaum were Marzene Bowler, president of Local 1657, Harold Schmidt, district director of the union from Milwaukee (who later announced that an organization drive at Milwaukee's Mount Sinai Hospital had culminated in a signed contract between the union and the hospital; "if we can do it, so can you") and Paul Iaccino of the Cook County Industrial Union Council of the C.I.O.

Mr. Iaccino wore his sport shirt open at the collar in what has come to be known, in Chicago, at least, as the Bill Veeck manner. He brought to the meeting the blessings of the C.I.O. and a promise, made after the strike vote, to back up the strike with "all the resources and manpower of the council." The strike, said Mr. Iaccino, means more to the union than the steel strike — "we already have *them* organized."

Mr. Gotbaum, who turned out to be the principal speaker, was facing a perspiring but attentive audience, predominantly feminine and colored. The atmosphere was heavy, not so much with controversy as with oppressive, pants-sticking heat. It was obvious that, to many in the audience, union talk and union meetings were a new and awesome experience, and the crowd sat stiffly on fold-up chairs, like churchgoers in a strange parish.

The director of Mount Sinai Hospital, Mr. Gotbaum was saying, "claims he has 'done much to acquaint society with its responsibility to our employes' — now isn't that ginger-peachy?"

Another thing that struck Mr. Gotbaum as ginger-peachy was the protesting attitude of officials at the Chicago Home for Incurables. At this institution, according to Mr. Gotbaum, some pay rates were less than 90 cents an hour; there was no overtime pay, no seniority rights, and arbitrary firings.

The director of the Chicago Hospital Council, Howard Cook, was variously described as "not a bad guy, but he's got to earn a living" and as an "Alice in Wonderland character who apparently doesn't know that there are people working in Chicago hospitals for less than 75 cents an hour [a charge sharply denied by local hospital officials], people who get fired and can't get unemployment compensation."

If there was self-righteousness in Mr. Gotbaum's talk, there was humor, too.

"Don't worry about volunteers [as replacements]. Volunteers are fine until someone vomits on the floor."

And candor.

"It's not going to be easy and I'm not going to fill you with a lot of promises. . . ."

And mangled syntax.

"We're more concerned with patient care than they have displayed."

And venom.

"There's no doubt in my mind — they [hospital officials] want a strike so bad they can taste it."

And politics.

"The more hospitals we organize, the louder our voice will be in the halls of Congress."

And outrageous innuendo.

"Lots of people don't believe in brotherhood — and there's a guy taking two weeks vacation right now who is one of them." [The director of Mount Sinai Hospital was on vacation at the time of the strike vote.]

There were questions from the audience ("Will they hire others? Will we get unemployment pay?") Answers were patiently provided by Mr. Gotbaum ("let's listen to sister . . . let's hear what brother has to say . . .").

Finally, the ballots were passed down the center aisle ("check yes or no but *please* don't check both").

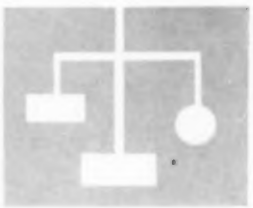
The gathered votes were tallied on a table by two reporters labeled "impartial observers" while a union official hovered anxiously behind.

The totals, for both night and day shifts: 138 for the strike; 3 against and 2 invalid ballots.

The results were announced quietly and greeted quietly. No cheers, no applause, no emotion; only a subdued, self-conscious murmuring, as if the totals were somehow anticlimactic, like a rocket that fizzled.

The crowd listened to a few instructions on picket line conduct ("take everything they throw at you and don't strike back"). Mr. Iaccino rose to deliver his message amidst perfunctory closing phrases. "I'll only take a minute . . . I don't want to talk too long . . . I just want to say . . ."

Then the meeting was over. The crowd filed stolidly out, shuffling past a row of cathedral-like windows. Above the windows, inscribed on a fresco, the benign and reflective words of Lincoln spelled out a message for both union and management: "So far as able, within my sphere, I have always acted as I believe to be right and just."



Beginning a modern management series that examines the latest administrative tools and explains how best to use them

The Nature of Administration

Ray E. Brown

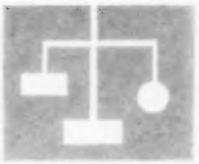
ADMINISTRATION has been a popular subject for study and discussion in recent years. The increased number of books and journals devoted to the subject has boosted the backlog of the printing industry. This new attention to an ancient art has also provided an audience for a number of scientists in some of the disciplines who previously were close to the point of talking to themselves. Their new audience has been both large and attentive. A rapidly expanding economy and the increasing complexities of modern society called urgently for more and better tools of administration and an increased understanding of the art of using them. It also called for help from any qualified and responsible corner. Some of those who responded brought an understanding of the sciences that underlie administration and the research technics with which to probe for new knowledge in behalf of administration. These resources represented a strong appeal to the practitioners of administration who sincerely desired help and who at the same time wanted very much to develop into a full profession by having a recognized science as well as an art.

Although the quality of these studies of the science of administration may not have equaled their quantity, they have made some distinct contributions toward a science of administration. They have helped also to raise the professional status of the administrator by further proving that administration is a rational and conscious process and is more than a matter of hunch and flying by-the-seat of a pair of gray flannel pants. In a number of areas of administration they have provided the administrator with added understanding of his work and with improved tools with which to work.

With all this effort on behalf of administration, we should have a much improved practice of administration. But, most observers would agree that the practice of administration has not improved accordingly. Administrators have attempted to use the new understandings and the new tools, but somehow they are not getting the expected results. They are in somewhat the same spot as the weekend gardener who faithfully follows the directions on the package of seeds but who does not get the tomatoes as pictured on that package. Employe performance is not noticeably better and employe job satisfaction seems to have worsened. It can be argued that in general administrators are not practicing as well as they did before they got their new tool kits.

A review of what has been written and said about administration in recent years, and the manner in which administrators have attempted to interpret and utilize the writings and sayings, discloses at least some of the reasons administration is not getting more mileage out of its new high

Ray E. Brown is superintendent of the University of Chicago Clinics and director of the university's graduate program in hospital administration. Mr. Brown, a past president of the American Hospital Association, is currently president of the American College of Hospital Administrators. *His article in this issue marks the beginning of a series on administrative science and management methods in the modern hospital. The second article in the series will appear in the December issue of* The Modern Hospital.



octane supplements. In the first place, the study and thought given to administration has tended to fragmentize and proliferate it. Those doing the studying have, by necessity, segmentized the administrative process into small parts so as to precisely examine isolated bits of it. Further, the bits chosen for examination have reflected the interests and competences of the examiners rather than the importance of the particular problems to the field of administration. This has tended to overemphasize in the administrator's mind the relative importance of the parts that have been chosen for study and to cause him to lose sight of the total administrative process and its purpose. Administration is a complex process and the whole is quite different from the simple sum of its parts. Just as it is not possible to describe a watch by describing its parts, neither is it possible to maintain a balanced view of administration without relating the parts to the whole. To use an old expression, a growing number of administrators in recent years have seemed unable to see the forest because of the trees.

The analysis, and consequent emphasis, of the parts of administration without regard to the whole has also accentuated the high susceptibility of administration to form and faddism. Like the other professions, administration has both a science and an art. It is the art that always controls the practice, and thus controls the manner and scope of the use of the science. Perhaps, because practice is mostly subjective in nature, practitioners in all professions give great place to form because form is tangible and objective. Form provides concrete proof to all concerned, and especially to the practitioner, that the practitioner is doing something positive and that he is utilizing tools common to the best practices in his profession.

This obeisance to form has been particularly noticeable in administration in recent years and accounts, among other things, for the rapid growth in red tape that has increasingly plagued organizations. Valuable new ideas often prove to be hindrances because of the emphasis given to form over substance. For instance, much study has been given in the last two decades to communications in administration, and now communications is a much improved tool for administration. Despite the availability of the new tool, however, many organizations still do not have good communications. Some of these organizations have developed elaborate means for communications but do not seem to realize that the quality of the communication counts far more than the form. Trifles dispatched to patients, employes or the public over the best possible system of communications can only remain trifles.

Somewhat related to the foregoing is the faddism that seems to be an occupational hazard of administration. Too often when administrators find a good tool they overmagnify its importance and its use to the point that the organization becomes the servant of the tool. This confusion of administrative tools with administrative values can be illustrated by again using communications as an example. Many organizations have made such a fetish of communications that they now work hard for communications just for the sake of communications. They appear to measure themselves by how well they communicate rather than by how well communications serve the organization.

This Bikini attitude toward exposing administration's every thought keeps the administration so busy keeping the employes informed that it does not have time to see what employes are doing or thinking. The extreme formism and faddism that have increasingly characterized administration in recent years indicates an uncertainty on the part of some administrators as to what the purpose of administration really is.

The practice of administration by fission rather than fusion can also be attributed in part to the specialization that has accompanied the new and complicated tools that have been provided to administration. Many of these new tools could be handled only by experts and consequently a division of labor in administration was necessary in order to utilize highly trained specialists. This specialization in administration has given an undue emphasis to technical knowledge and a consequent deemphasis to the art of the profession. More important, it limited the opportunities for development of the generalists who must ultimately combine the specialized parts into a whole and put their work to use. Effective administration depends not only upon the correctness and efficiency of

Leadership is not a confidence game in which the employe is fooled into accepting responsibility

individual activities but more importantly on their relationship to one another. A somewhat related impact upon administration is found in those industries and agencies which depend heavily upon highly technical and scientific processes. About the only route by which individuals can enter and advance in these organizations calls for technical knowledges and skills which are not too closely related to the practice of administration. Men who have reached the apex through these functionalized ladders often suffer not only from a lack of understanding and experience in administration but demonstrate an impatience with the idea that such a thing as a studied practice of administration exists. The chief administrators of some of these organizations depend upon the weight of their technical and scientific knowledge and background to carry them through administratively. This characteristic is most noticeable in the chemical and electronics industries where highly specialized professionals are moved into administrative positions because of exceptional performance in their technical fields. Also, it is occasionally observed in hospitals that have physician administrators. These attitudes represent a confusion of the production process with the administrative process. Knowing what should be done is important but it is not the same thing as knowing how to get it done most effectively.

Those administrators who have faithfully read their literature, or paid attention to some of the speakers imported onto their convention programs in recent years, must indeed be confused as to what administration is and what the administrator is supposed to be doing. Any confusion created by the researchers is mild compared to that created by the evangelists who come with their own brand of graven images with which to entice the administrator. Only the most adept and agile of quick-change artists could qualify for a role that calls for so many different faces as they would have the administrator present simultaneously. The administrator is exhorted to serve as a leader but to let the group command; to serve as a social worker but to abhor paternalism; to play Freud but respect the privacy and dignity of the individual; to bring the influence of his organization into politics but to forget the interests of his own organization; to eliminate stress within the organization but to encourage and nurture the nonconformist and the misfit; and to have convictions but be so broad-minded he does not know the difference between right and wrong. The overtones imply that high productivity is somehow equivalent to low morality.

If we want to improve the practice of administration we must first establish firmly what administration is and what it is supposed to do. If we want to prevent its gullibility to each new fad, we need to understand the role of administration well enough to determine the relevancy and utility of the new ideas and tools that become available. If we are to prevent the perversion of administration by doctrinaires who would make it the errand boy of their ideologies, we must decide what its own doctrine is. Without some clear-cut notions as to the meaning and nature of administration, we are unable to assist those who are competent to study its problems or to defend it against those who would sap its vitality.

The only basis for administration is the assumption that human behavior is caused. Unless this assumption is true, there is no justification for administration. Unless desired behavior can be caused, there is no point in having administration. The purpose of administration is to influence human behavior, both internal and external to the organization, through modifying the causes so as to accomplish the objectives and ends of the particular organization. Stated more precisely, it means the interference with human behavior that does not conform to the pattern adopted for the organization. If people always did naturally what was best for the enterprise then there would be no need for administration. As James Madison said in another connection in one of The Federalist papers, "It may be a reflection on human nature that such devices should be necessary to control — but what is government itself but the greatest of all reflections on human nature. If men were angels, no government would be necessary." Madison's statement is not completely applicable, however. If men were angels, we would still need administration. Even angels can have honest differences of opinion as to policies and methods. Administration is necessary wherever there is

Administrative tools can lead to faddism that emphasizes the tools at the expense of their purpose

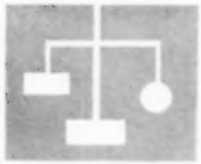
chance of a difference of mind between members of the organization, and this chance exists wherever two or more individuals are involved in an activity.

This statement of the purpose of administration is of course in conflict with the prayers being said so loudly today for the lost soul of the "Organization Man." Because of the growing cult of the organizational nonconformist it is necessary that closer examination be given to that concept before administration abdicates all its rights to ensure compliance and discipline within the organization. Those who exalt nonconformance within the organization need to review the meaning and purpose of organization. Any accepted definition of the term can be boiled down to imply unity. Organization represents a deliberate plan to control behavior and to inhibit innovation. Random behavior is completely incompatible with organization and by definition becomes unorganized behavior. Failure to conform to prescribed organizational behavior is mutiny against the organization. Those who argue that the organizational requirement for conformance is stifling creativity and preventing the maximum personal contribution by the members of the organization, to whatever extent their arguments have validity, are placing blame on the wrong factor. Such stifling of ideas, at any point within the organization, is the fault of the manner in which the organization is being administered rather than an inherent defect in the concept of organization.

Effective administration designs the organizational structure and utilizes it so as to encourage creativeness and the transmission of ideas. It attempts to create a climate in which the enterprise has the greatest possible gain from the ideas generated at all levels within the organization. It welcomes the battle of ideas that is confined to the planning stage. It permits no such battle in the action stage. The organization needs the obedient rebel who thinks on his own but it cannot function efficiently and tolerate the rebel who acts on his own and who has no sense of the responsibilities to which he is committed as a member of the organization.

Administration affects human behavior by modifying the causes of that behavior through some system of inducements. No matter what else we might like to call these inducements, they are simply a matter of rewards and penalties and administration must always regard them as such. Too much has been written of leadership as if it were a sort of confidence game in which the employe is fooled into meeting his responsibilities. For some reason it has become necessary to appeal to the subconscious, rather than the conscious, to act covertly rather than overtly, when seeking desired behavior from personnel. This administration by seduction is somehow expected to maintain the dignity and self-esteem of the worker. Actually, nothing could possibly degrade the individual more than this sort of attitude toward him. The rights of individual decision and personal responsibility are basic to human dignity. These imply a rational choice between options, each of which should be expected to produce different consequences so far as the individual making the choice is concerned. The individual attempts to maximize the satisfaction of his personal needs and drives through his conduct, and the administration attempts to maximize the control of the individual's job conduct through providing varying levels of satisfaction to those needs and drives. The aims of both should be explicit and open. The individual brings order and meaning to his own world — no one else can do it for him. Any attempt to remove the worker's right of personal accountability is not only degrading to him but a sure invitation to irresponsible conduct.

Without entering into the legitimate question as to whether the critics of administration have really faced up to the reality of what motivates and energizes people, we need to reexamine the rights and responsibilities of administration to become involved in these needs and drives of the members of the organization. Along the line we have misinterpreted the legitimate interests and obligations of administration in the many different needs that individuals have. Some administrators have surrendered to the trend and adopted the "whole man" principle of responsibility for their employes. These administrators haven't realized the extent of the responsibility the term implies since nobody knows what it means. Because anybody can give it whatever meaning he wants it



represents a responsibility that is open at both ends. The situation can be clarified only if administration is willing to take the logical position that it cannot morally assume responsibility beyond the conduct of the individual as an employe.

Administration cannot be expected to utilize the resources of the enterprise in behalf of those needs and drives which are not job related or which do not affect job behavior. Neither does administration have any right to involve itself in the affairs of individuals except for the purpose of influencing job behavior. Anything else places administration in the position of playing God. A man's work is important to him, and administration must strive to keep it so, but his work still represents only a fraction of his time and his contacts. It will be no service to the employer, or the employe, to have the employe's work become the whole meaning in his life. Both will be served better if he is asked to do his work, and helped to like it, but left to find some of his meaning in his family, his church, and in his leisure pursuits off the job. The task of administration is to determine those needs that significantly affect job behavior, and which of those particular needs can actually be affected by administration. We can then devote to the human relations doctrines the sort of critical attention they deserve before being adopted or rejected by administration.

The mission of administration is to accomplish the purposes of the enterprise. The enterprise may of course have any sort of purpose, but administration always has the same purpose. This means that administration is a means and not an end. It aims at a result beyond itself and in itself has no product other than the changes it brings about. Its existence is apparent only in these changes and it can be evaluated properly only in terms of these changes. It is a route to a destination prescribed by those who employ the administration. One may have perfect administration for an enterprise with socially undesirable ends or very imperfect administration for an enterprise which has socially desirable ends. The level of nobility of the goals of the enterprise seems at times to be inversely related to the level of effectiveness of the administration.

There seems to be a feeling that noble agencies such as colleges, hospitals and churches should not accent administration. In an odd way, it is a feeling that the ends justify the means, — a feeling in this instance that good ends excuse poor means. Administrators in industry have not been slow in observing this homage to nobility and there is currently a rush to get under the same royal cloak. This rush is seen in the increased number of references to "self-fulfillment" of personnel, improved "community orientation," and acknowledged "corporate social responsibilities," in the annual reports of some of the corporations whose profits aren't too well oriented to stockholder expectations.

One can only hope, for the sake of the administrators concerned, that these stockholders are not the same persons who, as alumni, turned a deaf ear to football coaches who developed an intense interest in character building during losing years. Of course, every enterprise and agency must have a socially desirable purpose, and act in a socially desirable fashion, if it is going to survive and prosper. Those prerequisites, however, are a part of the context for effective administration and not a substitute for it. Social usefulness is the starting point for administration and not the finish.

Administration is not given an unlimited license in its efforts to affect human behavior. The sorts of influence that administration may use are subject to restrictions and these restrictions form the context in which administration always operates. One set of these restrictions is external to the enterprise and can be classified as cultural restrictions. These, briefly stated, are the moral, legal and religious restrictions imposed and enforced by public opinion and legal authorities. They represent the prevailing conventions by which legality and decency are measured. The profound weight of these cultural restrictions on the thinking and actions of administrators has not been given sufficient recognition by those who have never actually practiced administration.

The poorest sort of administrator realizes that administration must always harmonize with the accepted values of the society in which it exists. A sensitivity to these restrictions is perhaps the commonest characteristic of administrators. It is

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What Labor and Management Owe Each Other

The worker-management relationship can be successful only if each side understands the other's needs; when workers are represented by a union, the technics are different but the goals remain the same

Donald E. Dickason

IN THE current drive for union organization in hospitals, it is easy to forget that the problems of individuals are the most serious and frequent cause of labor disputes. When such problems are not promptly and fairly settled, they fester and grow until they affect hospital services and costs – and ultimately result in work stoppages.

That is one good reason labor and management must get along together.

The marriage may be a love match, or a shotgun wedding, or simply a common law arrangement, but it is a sure thing that, in at least some instances, the two have got to live together and find some way of making a go of it.

It is, I think, important to get a firm grip on the elementary fact that labor is a person who works for you and management is a supervisor who oversees that person's daily work.

Here are a few of the fundamental things that the worker needs in order to keep him reasonably happy and on the job:

1. He wants to know exactly what management expects him to do.
2. He wants to know why management expects it.
3. He wants to be paid a fair wage.
4. He wants to be treated as an individual, not as an unidentified unit of an impersonal mass.
5. He wants to be able to trust management's good faith, fairness and honesty.
6. He wants to have some reasonable hope of getting ahead.
7. He wants working conditions and surroundings as safe and pleasant as they can possibly be made within the limitations of his type of work.
8. He wants to know exactly what his rights and privileges are, as well as his responsibilities. And he wants those rights and privileges to be granted to him in the same measure as they are granted to others doing similar work.
9. He wants assurance of an orderly procedure through which his individual problems can be discussed and the further assurance that when the discussion is completed the ensuing judgment will be fair and impartial.

And here is what most employers want from their employes:

1. A fair day's work at his job.
2. A willingness and ability to get along and cooperate with fellow workers so that the hospital can perform efficiently and discharge its responsibilities to the best advantage of all concerned.
3. A loyalty to management that provides the extra push needed in times of special need or emergency.
4. Obedience to the orderly rules and regulations designed to ensure proper management controls.

Even if a hospital meets all of the conditions listed, however, it may still have to deal with unions.

If you are now dealing, or may in the future deal, with a union repre-

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Donald E. Dickason has been director of the office of nonacademic personnel at the University of Illinois since 1945. His responsibilities cover the office organizations in Urbana and Chicago, including the Research and Educational Hospitals, Eye and Ear Infirmary, and Division of Services for Crippled Children. He is also director of the University Civil Service System of Illinois, which includes nonacademic employes of all institutions of higher education.

HOW TO INTERPRET THE LANGUAGE OF LABOR

Arbitration: A semijudicial process whereby an impartial third party provides a binding decision for a dispute arising between management and labor.

Bargaining Agreement: A contract between an employer or groups of employers and representatives of a union or unions officially representing the labor force concerning the practices and procedures regarding wages, hours, conditions of employment, and settlement of disputes. Ordinarily, the agreement is written and is effective for a definite period.

Boycott (Primary): A concentrated attempt by a union to discourage the purchase, handling or use of a product or service of a company with which the union is in dispute.

Boycott (Secondary): Pressure applied on a neutral firm to cease doing business with an employer with whom the union is involved in a labor dispute.

Closed Shop: A type of union security which requires the employer to hire and retain in employment only union members in good standing; when union members are unavailable the employer may hire nonunion workers provided they become union members before beginning work.

Collective Bargaining: The mutual obligation of the employer and the representative of the employes to meet at reasonable times and confer in good faith with respect to wages, hours and conditions of employment, or the negotiation of an agreement, or any question arising thereunder; and the execution of a written contract incorporating an agreement reached, if requested by either party. Such obligation does not compel either party to agree to a proposal or require the making of a concession.

Federal Labor Union: A local trade or industrial union directly affiliated with American Federation of Labor-Congress of Industrial Organizations (A.F.L.-C.I.O.), *i.e.* a union not affiliated with any other existing national union.

Federal Mediation and Conciliation Service: An independent U.S. governmental agency created to assist parties in the settlement of industrial disputes affecting interstate commerce. The responsibility for the final settlement of the controversy lies with the disputants.

Grievance Procedure: A systematic process of reviewing and correcting causes of grievances in a logical and just manner, usually specified in a bargaining agreement.

Injunction: An order issued by a recognized court of law to admonish the defendants from the commission of specified illegal activities, such as boycotting, picketing and parading, for a specific period of time.

Jurisdictional Strike: A work stoppage arising from a dispute between two or more unions over the right to represent a particular group of workers or the right to perform certain types of work.

Condensed from a glossary of industrial relations terms published by the Society for Advancement of Management, New York.

Labor-Management Relation Act (Taft-Hartley Act—1947): A legal measure revising the National Labor Relations Act and the Norris-LaGuardia Act; it was the first peacetime legislation aimed at regulating unions. It requires increased union responsibilities, authorizes damage suits for collective bargaining violations, provides protection for the employer against unfair labor practices, and sets up procedures for settling national emergency strikes.

Lockout: Temporary shutdown of a plant by an employer during a labor dispute in order to pressure workers to accept the employer's terms or to retract some of the workers' demands; usually a retaliatory measure against striking employes.

Mediation: The use of an impartial third party to act as go-between in a labor dispute in any of several capacities in order to facilitate agreement between the disputants. It is an aid to collective bargaining and it is effective as long as the parties are amenable to compromise.

Merit Rating, Efficiency Rating, Performance Rating: A method of evaluating the present and estimating the potential performance of employes. The purposes of these types of rating technics, usually measured on a scale, are to determine present and potential usefulness of employes to their organizations and to serve as a basis for transfer, promotion and training of employes.

Scab: (1) A label given to an employe who continues to work in a company during a strike or who accepts employment at a company in which a strike is going on. (2) Members of a nonstriking union or independent workers who pass through a striking union's picket line. (3) A workman who works for wages lower than, or under conditions contrary to, those prescribed by the trade union.

Secondary Strike: A work stoppage enforced by organized labor against an employer who sells to or purchases from another business being struck.

Strike Breakers: Replacements for men who have gone out on strike; sometimes legitimate workers and sometimes "professional" strike breakers hired so that operations may continue during a strike.

Sympathy Strike: A strike called by employes not directly involved in a labor dispute called for the purpose of influencing the outcome of a labor dispute in another enterprise or industry in support of workers.

Union Shop: A form of union security agreement which permits the employer complete freedom of hiring, but provides that all new employes must become union members within a specified period and all employes must maintain union membership as a condition of employment.

Wildcat Strike: An unauthorized work stoppage sometimes called by employes and sometimes by the local union regardless of previous commitments. A strike in violation of the collective bargaining agreement. ■

HOW TO WORK WITH UNION LABOR

AS THESE notes are being set down, from across the corridor in an adjacent office comes the sound of loud voices raised in obvious disagreement and, I fear, even anger. University representatives and those of the Food Service Union are attempting to hammer out an agreement for the new year, and there are definite signs that all is not peace and harmony. Unionization does involve problems, often difficult and annoying from the management point of view. Don't expect to like or enjoy it if it should come your way. But if it does come, there is not much you can do to stop it, so it is important to try to figure out a way to work with it to the advantage of ourselves and our institutions.

Union Organization

If it has to carry on its food service, or any other activity, with unionized employes, management needs to know something about union organization. First there is a *local*. This may consist only of food service employes, or only of employes including food service and other groups together, or one or the other as part of a larger local group related also to other employers in your community. Locals are frequently under the jurisdiction of state or regional councils which carry on a coordinating and advisory service. The final, or top, organization is the "International" with its corps of officers and staff people specializing in everything from economics to technics of successful strikes. Each local has its business agent — usually, but not always a full-time person — and nearly always one who receives pay for his duties. His duties are to carry out the management functions of the union; to negotiate an advantageous contract; to see to it that the terms are maintained, and to drive always, constantly, and forever for something better and more generous than management has yet seen fit to provide.

Within the local are found shop stewards — persons located in the several working areas to whom individual employes are expected to bring problems and grievances and through whom filter on up through the union organization matters which the steward may not be able to iron out with the immediate supervisor in the area where he is located.

If a union comes into your group its first job is, of course, to build up membership. In due time its representatives will appear telling you that it is authorized to represent a certain group of employes and that it is prepared to present proposals in their behalf. At this point, you have a right to be shown that the union actually does represent the majority of employes and that these employes are grouped in appropriate relationship for such representation.

As an example of an improper grouping, a union might have signed up 100 janitors out of 125, and 20 food service employes out of 75. It might, therefore, claim that with 120 out of a total of 200 in its group, it should be recognized as the bargaining agent for custodial and food service employes. This you have no obligation to do, but should stand firmly on your food service group as a separate organization and demand proof that a majority exists in that group alone.

During a period of membership recruitment don't be surprised at a tendency of the organizer to blow up and magnify grievances. Try to beat him to the settlement of any that may exist. This is part of recognized membership sales technic and every organizer, of course, seeks to make the point that if his organization is only elected all these problems will be taken care of promptly and to the employe's full satisfaction.

Any organizing period, and, in fact, any period of expansion and growth in a local union is always one in which management must prepare for accusations, trumped-up problems, and, of course, the most effective use of real and existing situations of unfairness or inequity.

Negotiation

If and when your union establishes its right to negotiate, then expect an early presentation of its demands upon you. Insist that that be in writing for future records. As soon as you get it, study it; find your points of reply; figure where you can afford to give and where you must dig in and stay. Above all else, know what your actual present policies and conditions of employment are! All too often the management representative in a first negotiating session is faced with statements of fact of which he knows nothing, but which may be very embarrassing if he finds them to be true. Far better it is to make a thorough investigation of one's own situation first, making corrections if any are needed, and, in any case, being sure as to the ground when topics are brought up. Negotiation can be noisy, combative and nearly always difficult. It is easy to lose one's temper, but it is almost fatal to a successful conclusion if that happens, though let it be admitted that an occasional bit of table pounding at the right time and under full emotional control may be effective.

Assume, on the other hand, that the business agent must impress his constituency with his abilities, his vigor, and his absolute certainty of being able to win his demands from management. Set up a few straw men for him to knock over and be able to present as gains. Be prepared to give on little things in order to keep the big ones. Persist in your own goals. Be prepared to move fast when you are in a trading position, but recognize that this *is* a matter of trading and be prepared for some give and some take. Moreover, don't assume that you must be on the defensive; that all you are there for is to hold your retreat to the shortest possible distance. Bargaining means just that, and not necessarily giving in on important principles. ■

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sentative, it is important to understand his point of view and what he is trying to accomplish. Everything he does has one absolutely fundamental objective – to promote the value and usefulness of the union in the eyes of its members or prospective members. The business agent, organizer or steward has a constant job of selling to perform. He has to provide the kind of vigorous and often aggressive representation that will win and keep the support of his dues paying constituents. Any time he ceases to get some sort of tangible results, he is facing losses of membership or support, and he has no intention of doing that if he can help it.

Hospital executives should, it seems to me, get to know local labor leaders and get the feel of their thinking. There may be frequent disagreements, but management will usually do better in an argument if it keeps in mind the pressures that compel union representatives to take action. And it is well to recall, too, the comment made by one well known labor leader: "Our business is crowd psychology, and when it comes to that we can lick you to a frazzle."

Keep Your Word

Above all else, it is important to play fair with labor officials. Bargain, but don't trick; stick up for your convictions and policies, but don't evade an issue. Keep your word good, your actions consistent, and your discussions always on a basis of friendly frankness.

The major concern, of course, starts with the individual worker. Here once again, with some discussion, are some of the things he wants – things management should try to provide without jeopardizing its own needs.

1. The employe wants to know exactly what you expect him to do. It has been said that repetition is reputation. It is also an essential of instruction. But verbal repetition is not enough, unless it is accompanied with demonstration. Tell the employe, show him, then tell and show him together is a simple but potent formula for instructing an employe in what management expects of him.

2. He wants to know why. And he should be encouraged to ask why. Many improvements in industrial practice have resulted from training courses in job methods in which the employe is encouraged to ask the why of the way things were being done. Administration may not always be able to grant a request for a change, but it can explain why the request is not granted. And, conversely, if administration is making changes, the *why* behind them is extremely important. Nothing can destroy the constructive value of a change in procedure more than suspicion on the part of those concerned that it may not be in their best interests.

3. He wants to be paid a fair wage. While not necessarily the most important need, this item gets the noisiest attention. But it is a truism in labor relations that people are more concerned with the comparison between their compensation and that of others than with their compensation as such. It follows, therefore, that management must be sure that rates for different positions and classifications are properly and logically related. This, it seems to me, is almost as important as the need to establish a fair over-all level of compensation. A raise in benefit structure that is internally consistent, even though low, causes fewer difficulties than a similar structure with higher but inconsistent benefits.

4. He wants to be treated as an individual. It has been said that half of us would choose a different type of work if we could start our lives over. There are many reasons for that, but I suspect that the chief one is that we fail to get a sense of personal fulfillment from our work. With proper incentive, an ordinary person can do extraordinary tasks; with poor incentive, he can fail to accomplish anything at all.

The best incentive I know of is a bit of personal recognition. There is no greater compliment you can pay an employe, or anyone else for that matter, than to ask his advice. When an employe with a problem comes in to see a supervisor (or administrator), too often the supervisor sees very quickly what the employe is trying to say and cuts him off short in order to answer him. It doesn't matter that he may have been answered fully – the employe is left with a feeling of frustration and dissatisfaction because he has not had a chance to unburden himself completely in his own way.

He is a wise employer who can listen patiently until this type of employe has said what is on his mind, for simply telling the problem is often enough. In employer-employe relations, nothing can replace a sense of friendly, personal interest.

5. He wants to be able to trust management's good faith, fairness and honesty. Management has every right to stick to what it thinks is right so long as it is fair and does not discriminate in so doing. But management has an obligation to get all the facts before acting. When the facts are obtained, the thoughtful administrator will consider what actions he might take based on them, then ask himself just what he is trying to accomplish – punishment, reform or a change of attitude?

6. He wants a reasonable hope of getting ahead. In a recent opinion poll, we asked employes how they felt about opportunities for advancement. It is embarrassing to report that far too many checked the reply which said "no opportunity" or the one which said "poor opportunity." It seems to me that we have been weak in two important areas: We have frequently employed a qualified new applicant rather than face the temporary inconvenience of transferring a qualified present employe from some position of lower pay and rank, and we have too often taken for granted that our employes knew of opportunities available to them when in fact they did not.

Give Them Opportunities

If we do have positions (and most hospitals do) from which steps to higher positions are not readily taken, then I believe there should be a fairly wide range between the minimum and maximum salaries for these positions in order to provide for reasonable advancement within the job classification.

I do not advocate, however, automatic progression from starting rate to the top of the range. Up to the midpoint is good – a guarantee of a minimum annual increase based on faithfulness and growth of experience – but beyond the midpoint should remain an area to be entered only by those of more than average merit, industry and value as employes.

7. He wants safe and pleasant working conditions. There is no excuse for failing to provide reasonable

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Staphylococcus problems draw major attention

at American College of Surgeons Clinical Congress

Surgeons probe

ATLANTIC CITY. – Hospital administrators who are worried about infections may count on increasing help from those who can help most – surgeons. This was apparent in the tremendous concern about hospital-acquired staphylococcus infections demonstrated by surgeons attending the 45th annual Clinical Congress of the American College of Surgeons here last month.

More than 2000 surgeons filled the huge ballroom at Convention Hall when Dr. Carl W. Walter of Boston presented a panel discussion on the control of infection in hospitals; hundreds more came daily to a booth at the Scientific Exhibition where one hospital (Huggins Hospital, Wolfeboro, N. H.) explained the methods by which it had cut down staphylococcus infections.

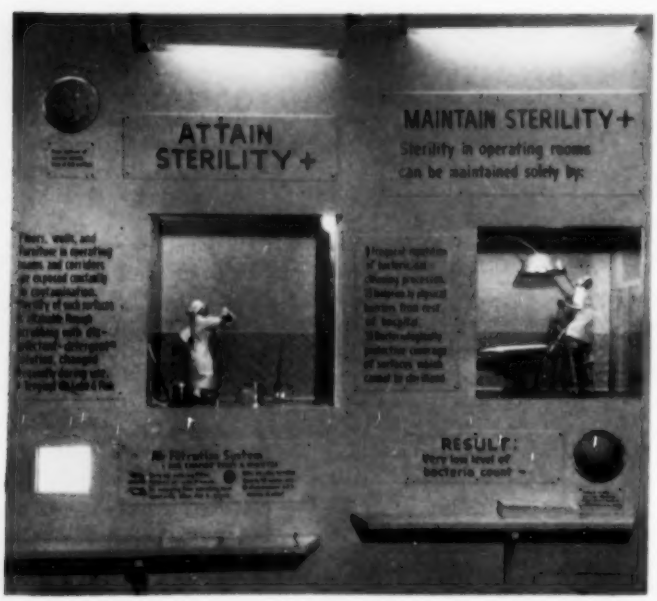
In many of the clinical sessions and research papers that were presented during the five-day Congress, the infection problem was present, if not central, in the discussion.

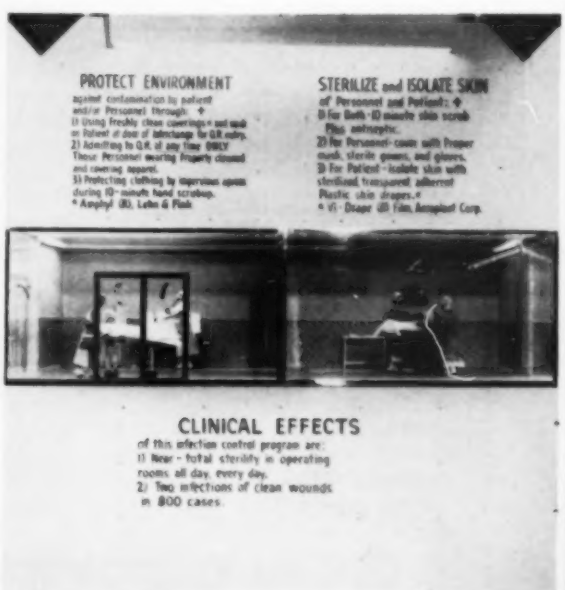
Speaking to a packed house that came to see his film, "Hospital Sepsis – a Communicable Disease," Dr. Walter warned that there is no easy solution: "Only by understanding the overlapping, interwoven, interrelated pattern of vectors can we improve practices in the individual hospital, following epidemiologic investigations," he said. Following presentation of the film, Dr. Walter announced that an annotated discussion manual supplementing and detailing the methods described in the picture would be distributed on request to hospitals and surgeons by Johnson & Johnson, which provided the grant under which the film was developed.

At the Scientific Exhibition, Dr. Ralph Adams of Wolfeboro, N.H., was showing samples of a fitted filter surgical mask that he and associates at Wolfeboro had developed during 15 months of experimentation. The mask consisted of a glass fiber filter between two layers of copper screening and may be molded to fit the contours of the face, he explained. It has had extended trials at Huggins Hospital and elsewhere, Dr. Adams reported. The mask may be autoclaved several times daily and will last in constant use for as long as eight months, he added.

"When properly adapted to the facial contours by molding of the malleable ring, the mask has proved consistently to be more than 95 per cent efficient in preventing breath-borne staphylococci from contaminating room air," Dr. Adams said. Most masks in ordinary use are only 10 to 20 per cent efficient, he added.

In an interview with reporters, Dr. Adams said there is no excuse for exposing hospital patients to the hazard of staphylococcus infection, in the operating room or elsewhere. "The hospital can be made clean and it can be





causes of hospital cross-infections

kept clean," he asserted. "What is needed is recognition of the hazard, and the desire and effort necessary to eliminate it."

In addition to the scrupulous cleaning and masking methods described by Dr. Walter, Dr. Adams, and others, what is needed includes tighter control of the behavior of hospital personnel – including surgeons, it was emphasized during the panel discussion on infections. Dr. Robert I. Wise, professor of medicine at Jefferson Medical College, Philadelphia, reported results of a series of observations conducted in a single operating room during one recent five-day period. An astonishing total of 206 people entered the room during the period of observation, Dr. Wise reported, and 12 per cent of them carried a strain of staphylococcus causing infection.

In another study, Dr. Wise reported that 66 per cent of the strains of bacteria recovered from people who had no contact whatsoever with hospitals were sensitive to penicillin. When a comparable study was made among persons who had extensive hospital contact, either as patient, visitor or employe, 100 per cent of the bacteria strains proved to be resistant to antibiotics.

"Hospitalization has become a social event," Dr. Walter commented, urging "bacteriological monitoring" of hospital personnel.

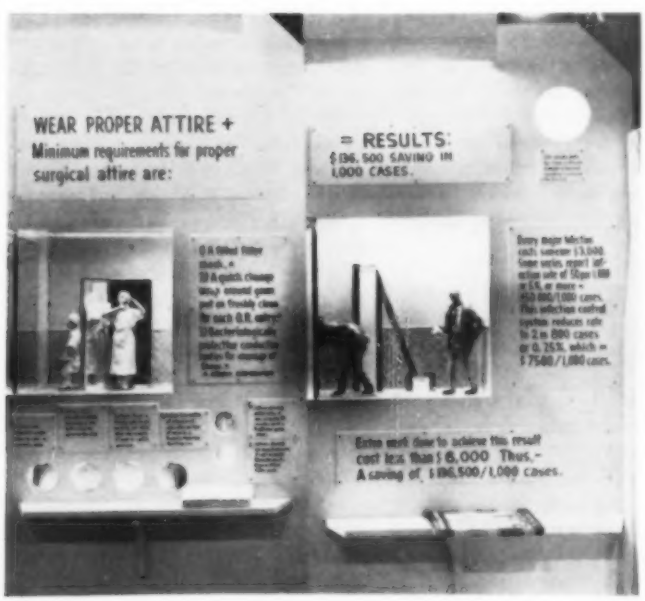
In reply to a question, Dr. Walter said there is no simple way to control the behavior of the "renegade surgeon" who refuses to observe hospital regulations, but he had one or two suggestions that he thought might be helpful.

1. In two hospitals he had visited, Dr. Walter said, an observer with a camera took pictures of such transgressions as improper masking and gowning, and other breaks in accepted technic. When these pictures were posted on the bulletin board in the doctors' lounge, immediate improvement in behavior of the offending doctor was observed.

2. Don't make rules unless they are absolutely necessary and can be kept, Dr. Walter warned. Too many hospitals have gone overboard and established unnecessary regulations which can't be enforced and result in disregard for all rules, he explained.

All the speakers on the infection panel agreed that there is no place in the hospital for doctors or employes who are active carriers of infection. The duty-driven physician or nurse who comes to the hospital in spite of a severe respiratory or other infection is a menace to patients and other personnel, Dr. Walter said, and yet, he acknowledged, there is probably no practical way of making certain these people will stay away from the hospital during such periods.

"In a military hospital or an authori-



How To Stamp Out Staph Infections in the Operating Room

These three photographs show the sections of the exhibit from Huggins Hospital, Wolfeboro, N.H., explaining the methods by which it cut down staph infections.

tarian system, we could simply forbid them to enter," he said, "but in our present, democratic hospital society our only means of accomplishing the result is education."

In another booth at the Scientific Exhibition, Dr. Deryl Hart, chairman of the department of surgery at Duke University Medical Center, presented the Duke technic of protecting operating rooms by ultraviolet radiation. In support of the Duke method, which has been used for several years but has been criticized by other hospital and surgical authorities as impractical and excessively expensive, Dr. Hart said that in spite of aseptic technic, bacteria are brought into operating rooms in the respiratory systems of surgeons and other personnel. "The low infection rate at Duke has remained constant despite seasonal upsurges in respiratory infections and occasional epidemics that greatly increase the numbers of staphylococci in the air," he said.

Infections Are Expensive

Infections are costly as well as hazardous to patients, it was pointed out during one of the discussions when the question of cost of methods of combating infection was raised. The studies at Wolfeboro have shown that every major infection "costs somebody $3000 per case," Dr. Ralph Adams reported. The cost may be borne by the patient and his family, the hospital, or some other agency in the community, he explained. "But it is cheaper as well as safer to prevent such infections from occurring," he concluded.

Another wasteful element in current hospital practice — loss or misuse of blood and blood fractions — was described in a postgraduate course on blood transfusions and allied problems. Methods have been developed that make it possible to separate, freeze and store blood components which may then be kept for several years, and used as needed, Capt. Henry T. Gannon of the Medical Corps, U. S. Navy, reported, and yet the five million transfusions given each year in U. S. hospitals represent, for the most part, programs in which blood is collected to meet short-range local needs, stored for periods not exceeding 21 days, and used in the unaltered state.

Such local, whole blood programs are proving inadequate for the vastly increased supply of blood and blood fractions demanded by new surgical technics, including open heart surgery and perfusion procedures of all kinds, Dr. Ivan W. Brown Jr., associate professor of surgery, Duke University, said in his lecture. **For example, restrictions in the available blood supply have made it necessary for hospitals in the Los Angeles area to limit open heart and perfusion procedures to 12 a week for the entire area, Dr. Brown reported.**

The new methods of separating, processing and storing blood components would make it possible to meet even the greatly expanded need for blood, if a national, over-all program could be developed, Capt. Gannon explained. "Operation of a blood program based on the newer concepts will require capital investment and development of specially skilled technicians," he said. "In some cases this may be beyond community capabilities, in which case greater support must be supplied by agencies operating in the field presently. In addition, governmental, commercial and industrial support may be necessary. Properly managed, participation of all these several interests need not change the program of public donation of blood. Final realization of the possibilities now awaiting introduction into everyday medical practice will not only mean vastly superior hemotherapy for the patient but will implement new and improved technics for the surgeon."

A new material for dressing surgical and traumatic wounds was described in a research report presented by Dr. Alvin Lebendiger, instructor in surgery at the University of Louisville. He described the material as an absorbable, gauzelike cellulose available either as a fine mesh fabric or in fiber form similar in appearance to absorbent cotton.

In clinical trials the material has been found especially useful where massive oozing or weeping occurs, Dr. Lebendiger said. "Substantial, life threatening blood loss has been prevented by wrapping the wound with this material and compressing it gently," he said.

The material fits readily over any contour and may be applied in a single or double layer, as a wad, or as a packing, Dr. Lebendiger explained.

Dr. Owen H. Wangensteen, professor of surgery and chairman of the department at the University of Minnesota, Minneapolis, called for changes in medical education and restrictions on the performance of operations by physicians without special training in surgery in his address as incoming president of the College.

Dr. Wangensteen predicted that hospital internships may vanish in the future, inasmuch as "clerkships" are providing adequate clinical experience prior to specialization. A large share of the intern's hospital duties will be taken over in the future by young men and women, high school graduates, with two years of training for routine assignments on hospital wards and in operating rooms, similar to the programs initiated by military services during World War II, he suggested.

Better Controls Needed

Studies have shown that approximately one-half of all surgery in this country is done by persons not qualified primarily as surgeons, Dr. Wangensteen reported. "This is in contrast to the situation in Great Britain and most European countries, where virtually all surgery is done by trained and qualified surgeons," he stated.

The causes no longer exist that preserved the tradition that anyone licensed to practice medicine is also competent to perform operations, Dr. Wangensteen said. "If local and national accreditation groups working together fail to curb the practice of untrained and unqualified practitioners performing operations, steps must be taken with licensing boards to establish better controls in the public interest," he warned.

Dr. Wangensteen also said surgeons in the future will perform fewer operations than many do today. "Every surgeon knows it is manifestly impossible to perform a large number of difficult operations within the space of a few hours with the same degree of excellence," he pointed out. "There is such a thing as fatigue of the body and perhaps even more important is fatigue of the spirit attending the frustrations of difficult procedures."

Dr. I. S. Ravdin, professor of surgery at the University of Pennsylvania, Philadelphia, was named president-elect of the College at the annual meeting of fellows held during the Congress. He will succeed Dr. Wangensteen at next year's Congress. ■

Andrew J. Lowry

Bellevue's Disaster Service Is Ready for Trouble

"Disaster 112" as truck appears fully loaded. The unit is arranged so cots are removed first and while they are set up, stretchers stored behind them can be removed.

THE call came from New York police headquarters to the ambulance dispatch office of Bellevue Hospital at exactly 4 o'clock on the afternoon of March 19, 1958. The voice on the telephone was distinct and precise. "We have a disaster, four alarm fire at 623 Broadway. Bad. Send everything you've got." The P.D. dispatcher gave his number and the Bellevue dispatcher gave his name. While the call was in progress, the Bellevue dispatcher recorded the information on the ambulance call slip and time-stamped it; immediately following the call, he notified the telephone switchboard to set off the disaster alarm 7-7-7.

"Disaster 112"[1] and four ambulances were summoned from the garage at the same time that seven emergency bags were being allocated to the first seven doctors to report for duty. Raincoats, overcoats, hats and rubber overshoes were also issued to all members of the disaster team.

A deputy medical superintendent, 12 doctors including the chief captain and two captains of the day, seven nurses, five nurse's aides, four ambulance attendants, three hospital aides, and two special officers were dispatched in the ambulances to 623 Broadway.

The time elapsing between the police call and the departure of the unit – 3 minutes and 57 seconds – was stamped by the time clock in the dispatch office.

Arriving at the scene of the holocaust (the fifth alarm had been given while we were en route), the executive officer reported to the fire chief, who indicated that several casualties had been sheltered on a street level loading ramp beneath an adjacent building. "Disaster 112" was directed

Mr. Lowry is an instructor in civil defense, and has charge of the Ambulance Service and Disaster Unit of Bellevue Hospital.

1 "Disaster 112" is the official designation of Bellevue's disaster unit with both the police department and civil defense in New York City. The "112" is the city vehicle number and has no other significance.

What Is a Disaster Unit?

Although we call our mobile emergency medical unit a disaster unit, it is in the strict sense an operational field hospital devoted entirely to the diagnosis, medical or surgical emergency treatment, triage and transportation of the injured or afflicted to established hospitals.

Our function differs from that of a rescue unit, which is usually an intrinsic part of the police or fire departments, in that rescue squads usually are concerned with the removal of people from within a catastrophic area. These units (Rescue) are trained in demolition, building structures, the handling of power equipment in the form of jacks, shoring devices, and so on. Although some rescue squads do carry first aid kits, they are not truly medical units.

A simple explanation would be that our job begins when "Rescue" brings our patients to us. ■

into this driveway which was connected to a large lobby, not more than 75 feet from the scene of the fire.

While the doctors and nurses were treating the 12 casualties awaiting us, the field hospital was assembled and these cases were immediately conveyed to us.

The land telephones were connected to available circuits by the telephone installer minutes after our arrival and the executive officer relayed his findings to Bellevue where "Disaster Alert" was in progress.

Since there were only 12 casualties at this time no other hospitals were alerted. However, two ambulances from each of the adjacent ambulance districts were deployed to the scene. These vehicles were integrated into service with our unit.

By 5 p.m., three more badly burned civilian patients had been removed from the burning building – the last to come out alive!

Equipped With Oxygen Units

Several firemen had been either injured or overcome by the intense acrid smoke. These men were treated in the field hospital and subsequently transferred to the emergency ward at Bellevue. All of Bellevue's ambulances and "Disaster 112" are equipped with portable oxygen units, so that a patient can receive oxygen continuously from the point of impact, and during transport, until he reaches a bed in a general hospital.

At 6 o'clock the fire was under control and the fire commissioner asked that two of our doctors accompany the fire department rescue squad into the building to determine the status of the victims still in the building.

Twenty-three bodies were examined, some burned beyond recognition as to color or sex.

The Bellevue mortuary service and the police Bureau of Missing Persons and Unidentified Dead were notified. The field hospital then became a temporary morgue where bodies could be sorted, wrapped and transferred to the city morgue, away from curiosity seekers and relatives seeking information regarding the whereabouts of workers who had been employed in the building.

All living casualties were treated and removed before the dead were brought from the building.[2]

During the fire the hospital's information service was heavily taxed by relatives and friends of victims or workers who had not been accounted for. So that the service could operate efficiently, accurate personal information about each patient was sent to the hospital to be forwarded to the information center. (Such information is part of the records compiled by the executive officer and chief nurse.) Cooperation and exchange of information between the information center and the Bureau of Missing Persons, either for the identification of the victims or notification of the next of kin, is essential.

[2]It may sometimes be necessary to have the temporary morgue as a functioning unit along with the field hospital. If so, the morgue should be situated so as to ensure isolation from the hospital unit.

By 9:50 p.m., a thorough search of the building revealed that all victims had been removed and the disaster unit was no longer needed. All members of the team, most of them soaking wet (some had had two or three changes of clothing), were sent back to Bellevue with the exception of the personnel who repacked "Disaster 112." When the disaster truck itself returned, the used supplies were exchanged or refurbished from our secondary unit.

At 10:30 p.m., the unit was ready for another call.

The episode described here is typical of the work of Bellevue's disaster unit and at this point it would be well to explain the composition of the team and clarify the integration of volunteer medical and civilian workers with the professional personnel.

Administration and Personnel

The disaster unit is under the direct supervision of the supervising medical superintendent, Dr. R. A. Wyman, and the deputy medical superintendent, Dr. Fred Zimmerman. The other eight deputies assume command during their tours of duty.

From the 437 doctors on the intern

staff of the hospital, a chief captain and three daily captains are designated for duty each month. A copy of the duty list is sent to the chief resident of each service in the hospital and additional copies are posted on the bulletin boards throughout the entire hospital.

The doctors who participate in field duty (except for chief captain and captains) are on voluntary call, first come-first go basis; within two minutes of the sounding of the alarm, our quota is filled.

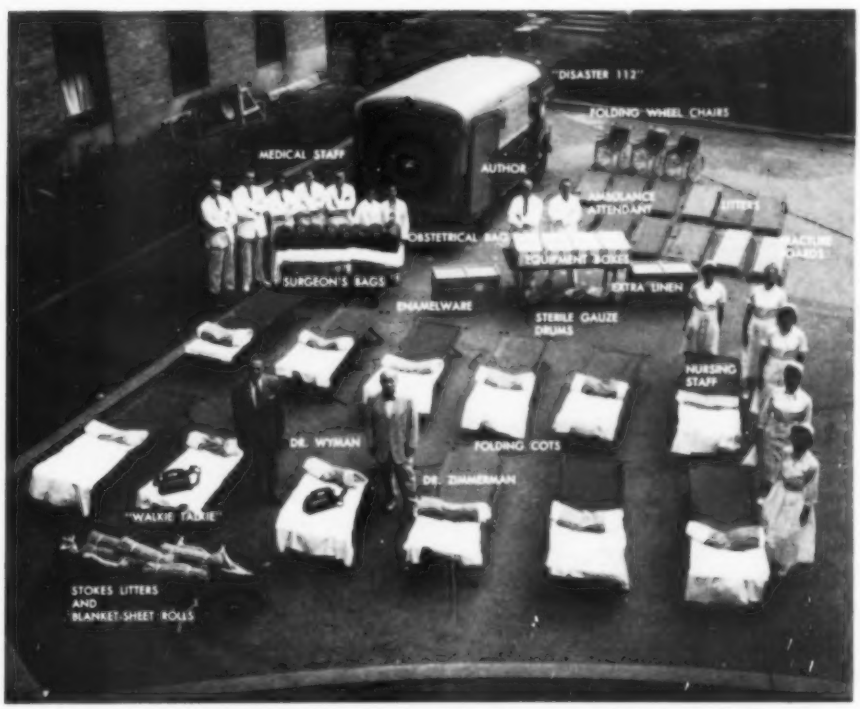
Nursing personnel (nurses, ambulance attendants, hospital and nurse's aides) have been assigned by the director of nurses, her associates, assistants and supervisors. For the most part, these people have been especially chosen for their ability to adjust to catastrophic situations. They have had previous training and practical experience in the handling of patients in the surgical or emergency divisions. Furthermore, all of these team members have been thoroughly indoctrinated and intensively trained in disaster work.

The importance of proper and thorough training in the use of the available equipment cannot be overemphasized. Without it, the disaster unit cannot function effectively.

The director of nurses and her assistants must plan with the hospital administrator to ensure that nursing personnel is adequately briefed, trained and kept in readiness to respond to a disaster alarm.

Unless otherwise specified by the department calling for the disaster unit, seven doctors, seven nurses, three ambulance attendants, three hospital or nurse's aides, one special police officer, and three chauffeurs respond routinely to a call. If more people are needed, they are subsequently dispatched. Other ambulance services, medical personnel, and volunteers are integrated into our unit at the scene, if such services are needed.

Volunteer workers in any disaster unit should be placed directly under the supervision of the chief captain or nursing supervisor and specific duties be assigned lest they become a liability rather than an asset. Too often, volunteers have hindered the work of a unit through their overzealous efforts and complete lack of training. This is especially true of civilian volunteers and the number of these aides should be kept to a minimum.



Above: Contents of the disaster unit set up as a field hospital. The layout is varied only by available working space at the scene. Aisle space between cots should be fully sufficient to allow for free flow of incoming and outgoing patients, and medical staff must have working area for emergency treatments.

Set Off Throughout Hospital

The alarm system used here at Bellevue is 7-7-7 bells rung on the interior fire alarm system; it is set off simultaneously throughout the entire hospital from a master call box located in the office of the telephone switchboard operators. The telephone operator receives the message from the dispatch office to sound the call signal moments after the ambulance dispatcher has been instructed to send the disaster unit to a catastrophe by either the police department or fire commander.

All personnel assigned to disaster call duties must report immediately to the ambulance dispatch office where personal equipment (rainwear, coats, hats, boots) is issued by the nursing supervisor of the emergency service on duty. The waiting ambulances and "Disaster 112" are loaded with these

workers and proceed to the scene of the catastrophe.

The hospital now assumes disaster alert. Nursing administrators begin to make precautionary changes in nursing personnel. Additional nurses are assigned to the admitting and emergency ward units. Doctors put themselves in readiness in these same divisions.

Thirty-five stretchers with adequate working personnel are deployed to the ambulance entrance for the immediate handling of the injured. A doctor is ready to minister to each patient as he is removed from the ambulance.

Surgical supply offices prepare additional surgical equipment and surgical trays. Operating rooms are on stand-by basis. The pharmacy, blood bank, and special nurses office, too, are alerted.

Function of the Unit

When the team arrives at the scene of the call, the deputy medical superintendent or chief captain reports to the fire or police commander in charge of the disaster area. A suitable area in which to set up the field hospital is decided upon. A vacant store, a lobby of a large building, warehouse, school or banquet hall may be used for this purpose, depending, of course, on the number of casualties, actual and anticipated. Too, the type and place of the disaster will determine the location of the field hospital.

The site should preferably be on the street level with a minimum of at least one entrance and one exit. A free flow of traffic to and from the field hospital is essential for any congestion at the entrances or exits will automatically decrease the efficiency of the unit and delay the transfer of critical cases.

While the unit is being set up and the executive officer surveys the scene, the doctors and nurses treat the casualties at the point of impact and prepare them for transport to the field hospital.

"Disaster 112" is arranged so that the cots are removed first and while they are being set up the stretchers, which are directly behind the cots in the truck, are removed and the litter bearers (firemen and police) bring the patients to the unit.

None of the members of the Bellevue unit is permitted to enter the actual disaster area unless accompanied by police or fire rescue personnel, who are specially trained to remove victims from hazardous locations.

In specific instances, it may be necessary for medical personnel to render treatment or administer drugs to trapped victims within the confines of the actual disaster scene. However, all medical staff members should be fully cognizant of the inherent dangers existing in these treacherous areas and exercise due caution lest they themselves should become statistics on the casualty list.

By the time the first patient arrives, accompanied by a doctor, the hospital is in operation. The telephone company has been notified and its installer ties our two land telephones into the nearest circuits.

Our deputy medical superintendent or chief captain makes contact with Bellevue, relaying the pertinent information to the medical deputy at the hospital. He in turn alerts the receiving units as to the extent of the catastrophe, approximate number of patients, the types of cases involved, and whether or not personnel and supplies in the field are adequate.

Any additional equipment and personnel that may be needed are brought to the disaster scene in the returning ambulances, following removal of the injured from the field unit to our base hospital.

Should telephone service not be available, two-way radio phones (civil defense and police department frequencies) relay our messages to the hospital.

Serves as Executive Officer

The deputy medical superintendent or chief captain at the scene is the executive officer in command of the entire disaster unit. He will evaluate the extent of the catastrophe; assign or reassign personnel;[1] designate information officers; arrange for the care and precise recording of patients' property; maintain adequate transportation facilities; compile records of the patients treated at hospitals; arrange for proper storage, identification and removal of bodies through mortuary service, and serve as liaison officer between the police or fire commander and the medical unit.

The chief medical captain (usually a board-qualified chief resident) serves as the triage officer, evaluating the condition of the injured, and directing the orderly dispatch of the most critical cases to the nearest general hospital, which has been designated by the executive officer. These hospitals are notified of patients' arrival either by land phone or by the police department or civil defense radio.

The medical captains assume responsibility for the care of the injured. They may serve as triage officers when the situation requires it but their primary function is to render emergency medical treatment to the victims.

Nurse Assists Doctor

Each nurse at the scene is usually paired with a doctor and actually becomes his first assistant in the treatment and dressing of wounds, administration of medications, and tagging of the patients. Should a medical team be needed at the point of impact, the nurse will function as the information officer, via the "walkie-talkie," as well as medical assistant.

The chief nurse is the supply officer, assistant to the executive officer, custodian of records, functional health director of the disaster team, and general information officer, and assumes all duties heretofore unassigned.

Hospital and nurse's aides act as information clerks and as messengers between the medical captains and the executive officer. They are also used as litter bearers within the confines of the field hospital; assist in the resterilization of surgical equipment in prolonged disaster operations; refurbish the hospital cots with fresh linen following removal of a patient, and perform all other duties assigned to them by the chief nurse.

Patients who have been treated are tagged with a card listing all available personal information, tentative diagnosis, and the treatment received at the disaster scene. All medications given are recorded on the skin of the patient (except extensive burn cases) with indelible marking pencil or lipstick.

This is important — for should the tag be overlooked or lost, it is imperative that the doctors at the receiving hospitals be aware of the medications already administered. The critically injured are usually accompanied in the ambulance by one of the doctors, if conditions and available personnel permit this procedure. ■

[1]Physicians, nurses and aides are replaced approximately every eight hours during prolonged disaster operations.

Special Report on

Psychiatric Units in General Hospitals

MORE doctors are sending more mentally disturbed patients to more general hospitals than ever before. In 1957, one-half of all psychiatric admissions were to general hospitals. More than 450 nonfederal general hospitals in this country now have psychiatric units.

The trend toward psychiatric care in general hospitals appears to be irreversible and as desirable as it is inevitable. It means that therapeutic as well as custodial care will be available to more patients at the time when such care can do the most good.

The group of articles that follows has been assembled to help those hospitals with facilities for handling psychiatric patients assess the adequacy of their programs and to help other hospitals determine whether or not they should inaugurate such a program – and how best to do it.

What To Consider

Psychiatric units in general hospitals should be flexible enough to meet a variety of needs

Charles E. Goshen, M.D.

THROUGHOUT the country, there is an expanding interest in establishing psychiatric services in general hospitals. Not only are the medical staffs and administrators bringing more pressure to bear, but the public itself is becoming more enlightened to the need for therapeutic rather than custodial services. Furthermore, the Hill-Burton hospital construction program has exerted some influence toward developing psychiatric services where there is a shortage. The growth of hospitalization insurance, and its increasing coverage for psychiatric conditions, is having the desirable effect of removing the stigma of indigency from psychiatric care. This trend tends to produce a more cooperative patient population, and a cooperative patient is the most important single resource in bringing about a desirable therapeutic result.

Inasmuch as psychiatric units in general hospitals have tended to evolve in response to clinical needs, certain rather distinct types have developed, as a result of variations in the need.

For the most part, a legitimate place exists for each of these types, although it is conceivable that newly organized units might be designed more flexibly to meet a greater variety of needs. Some of the most striking variations are as follows:

1. The Receiving or Screening Unit. Examples of this type are Bellevue Hospital and Kings County Hospital in New York, Los Angeles County Hospital, Cook County Hospital in Chicago, Philadelphia General, Charity Hospital in New Orleans, and D C. General in Washington. They are all rather large units in large general hospitals and are all city or county operated. They serve mainly as diagnostic and screening centers for a wide variety of psychiatric problems, with a particularly heavy emphasis on alcoholics, addicts, police cases, and the indigent. They tend to hold patients for relatively short periods and to transfer many to state hospitals. Aside from their worth as receiving services, they are also of great value as training centers, and represent a large segment of the total psychiatric training resources.

2. Small Therapeutic Units. These services are heavily staffed and closely integrated with other medical-surgical services. They tend to serve as an important adjunct of the total clinical resources of larger medical centers. Training, also, is an important by-product. The emphasis on patient care tends to be oriented to rehabilitating psychiatric and psychosomatic patients. Examples are Boston City Hospital, Massachusetts Memorial Hospital and Peter Bent Brigham Hospital in Boston, Mount Sinai and St. Vincent's in New York, George Washington in Washington, D.C., Jefferson in Philadelphia.

Dr. Goshen is with the architectural service, American Psychiatric Association, Washington, D. C.

in Planning a Psychiatric Service

3. Military-V.A. Units. Most of the larger army, navy, air force and V.A. general hospitals have active psychiatric services. These differ somewhat from most civilian hospitals in that the department of psychiatry enjoys a status more nearly comparable to that of medicine and surgery than is true in most voluntary hospitals.

4. Small Private Practice Units. A number of the smaller voluntary general hospitals have small psychiatric services, often with not more than a half dozen beds. In these cases, a private physician (usually a psychiatrist) admits his private patients to the service and is solely responsible for their care. Generally there is no over-all psychiatric direction or program other than that which the physician offers for each individual patient.

5. Horizontal Services. Usually as a result of expediency, but sometimes because of a deliberate plan, some hospitals have avoided setting aside a certain section for psychiatry. In these cases, psychiatric patients are admitted to any available bed in the hospital and are mingled indistinguishably with medical patients. The flexibility of this arrangement and the ease with which stigmatizing attitudes are avoided makes this method desirable in many cases. It tends to make it difficult, however, to set up an activity program for patients unless medical patients are included with the psychiatric ones.

6. Emergency Units. In some hospitals only two or four beds are provided to take care of psychiatric emergencies for 24 hours or less. Often, this kind of service provides only the means of holding a patient for transfer to another hospital, or for the purpose of brief observation for legal reasons. In some states, the alternative to this method is that of confining patients in jail, and when this is the case, it has a certain merit; otherwise it has only limited usefulness.

7. Pediatric Services. Some children's hospitals have found it expedient to establish separate psychiatric services for children. Such units are useful for observation purposes and for training. There are such severe limitations on the prospect of conducting effective therapy for children in any hospital setting that the value of such units for treatment purposes is sharply curtailed.

In general, the policy decisions which must first be made in operating a psychiatric unit are of two orders: administrative and therapeutic. They may be more or less blended and outlined as follows:

1. Type of Patient Planned For. The admission policy of the unit will determine the type of patient who will be attracted for treatment. Whatever category of patient is admitted for treatment from the inception of the service will tend to establish the reputation of the unit in the eyes of the public, and future patients will tend to be similar.

For example, if patients are admitted with the concept that they will be primarily disturbed patients, and obvious security measures are provided for them, it will be unlikely that patients who do not require security measures would seek admission. Likewise, if patients are committed involuntarily, as in state hospitals, voluntary admissions will be rare.

If police cases and alcoholics are admitted in considerable numbers, it would be unlikely that middle-class neurotics would seek admission. Inasmuch as the community general hospital is oriented, above all, to the job of short-term, high-quality treatment, it would seem most appropriate that the type of patient planned for in the psychiatric unit be the one most likely to respond to treatment in a relatively short time. Almost invariably these will be voluntary patients with a predominance of those who pay their own way, either through insurance or direct payment.

If the most easily treated patients are planned for, then it can be anticipated that average periods of hospitalization will range from one to four weeks. Futhermore, these patients should require no special security measures. Besides, if sizable numbers stay more than a week, activity programs will need to be provided for.

2. Administrative Direction. Each psychiatric unit should be directed by one qualified person who is prepared to devote substantial amounts of time to the operation of the service. Although he need not be full time unless the unit has more than 15 beds, it is important that his services be readily accessible at all times. One successful way of making this possible is to provide for what is called "geographic full time." This means that the hospital would provide office space in the hospital for the director from which he could conduct his own private practice as well as administration of the service. Montreal General Hospital uses this system, and finds that it not only provides a way by which a director is on the premises full time, but also that the arrangement serves as a strong incentive for recruiting qualified physicians, since they are offered the opportunity of establishing a private practice.

In training centers which have psychiatric residents, it is often feasible to have the senior resident act as the full-time director. The common practice of rotating volunteer directors every month or every three months is not as practical on a psychiatric service as it is on other services. If a rotation policy is decided on, it would be better to rotate not more than once a year.

For very small units in communities which have no practicing psychiatrists, it is sometimes feasible to have a local general practitioner as director of the service, if regular visits by a consulting psychiatrist can be arranged.

The reason for emphasizing a strong directorship of a

Design Requirements

No single set of model blueprints could be reasonably recommended as a guide to the design of any psychiatric unit. Instead, the design requirements for any one unit will develop almost automatically from the basic administrative and treatment policy decided upon for the operation of the unit. In general, however, the psychiatric service need not be designed in a remarkably different way from the medical service of the same hospital. The one single feature which might best characterize the difference in layout of a good psychiatric service from any of the other services is the need to provide for more activity space. Actually, however, this is also a good recommendation to make for the nonpsychiatric services, too, where, unfortunately, it has become customary to provide very little space for the activities of the patients. ■

If the Psychiatric Unit Is "Open"

psychiatric service is the need to provide for a unified overall policy for the service, which may not be as essential on other services. This policy applies particularly to directing the nursing staff, and to decisions on activity programs for patients. Nevertheless, it would still be feasible for individual patients to be under the care of private physicians for their individual treatment.

3. Treatment Services. Specific provisions need to be made for the follow-up care of patients after discharge, as well as prehospital screening facilities. These are necessary in order to forestall the eventuality of excessively long periods of hospitalization. Outpatient departments may be established, either as an integral part of the inpatient service, or as part of the general medical O.P.D. When there are reasonable numbers of psychiatrists in private practice in the community, a great deal of the follow-up work can be conducted by them in their own offices.

Although there is a tendency in this direction, it would be undesirable to place particularly strong emphasis on any single type of therapeutic procedure. The one type which has been most commonly emphasized in small psychiatric units is electric shock therapy. This practice too often results in the exclusion of other types of treatment, with resulting harmful effects to the reputation of psychiatry.

When patients remain in the hospital for more than a week, it will be necessary to provide activity programs for them, the nature and extent of which will be determined largely by the average length of stay. When the patient population reaches 15 or so, it will be necessary to provide specialized personnel to carry out activity programs.

The concept of the day hospital lends itself well to the expansion of treatment facilities in general hospital units. It is conceivable that the number of patients who can be provided for can be two or three times the number of beds provided if a day hospital is incorporated in the plans. Usually, the day hospital patients can mingle freely with the inpatients.

4. New or Converted Space. In establishing new psychiatric services, the issue usually arises as to whether to build a new wing or building on the one hand, or to convert an existing area on the other. Either, of course, may be feasible.

When the administrative and therapeutic policy is oriented to the "open door," with a minimum emphasis on security measures, almost any medical ward can be converted, with few changes, into a psychiatric ward.

When new space must be created, a question which often arises is that of adding a wing or a separate building. The latter is rather common, in practice, but should be discouraged when it is likely that a separate building would tend to foster isolation of the psychiatric service from the other services. When the main hospital is already made up of several separate buildings, then this risk would not be so serious. Another common practice should be discouraged. This is the tendency to use basement and other unattractive space for psychiatric services.

5. Payment and Costs. How the hospital will be reimbursed for service will to some extent determine the nature of the design. If hospitalization insurance is likely to pay for most of the patients, a substantial percentage of private and semiprivate rooms will need to be provided. Nevertheless, there are distinct therapeutic advantages in having some patients in larger bedrooms. Wards larger than four beds are seldom workable. When indigent patients have to be cared for, certain economies will be necessary, and less space can be provided for activities on the service. However, activity space outdoors and in neighboring community areas can be used to advantage.

In one or two states, the department of welfare is prepared to pay hospitals for the care of indigent psychiatric patients with the presumption that this results in preventing institutionalization. This practice could be encouraged and could provide a useful financial cushion for the general hospital.

Recently, hospitalization insurance plans have been eliminating some of the discriminatory clauses pertaining to psychiatric patients, and this practice should be a great advantage to new psychiatric units.

Some recent studies show that the cost of maintaining a patient in a psychiatric service is somewhat less than the cost of providing care on the obstetrical, medical and surgical services. In one hospital where a cost accounting was conducted during 1938, the average cost per day of caring for patients on the medical-surgical services was $27, while the cost per day on a 28 bed psychiatric service was $22. This may or may not be representative. The cost of construction of a new psychiatric service will be higher per bed unit than that for other services if the recommendation is followed to provide extra activity space. The cost of equip-

ping and furnishing can be substantially lower, however, because of the less expensive equipment required.

6. Size and Location. The possible size of inpatient psychiatric services, measured in bed numbers, naturally falls into three different categories. The first possibility is an "emergency" unit of two, four or six beds. These may be appended to another service, or may be designed so that the entire unit can be closed when there are no patients. The second size is the "single ward." This would be a discrete and independent unit of from 15 to 25 beds. More than 25 beds becomes too large a unit to provide good therapeutic nursing service.

When the demand for beds approaches 30, it is usually better to provide two 15 bed wards. The third size is "multiple wards" in which there are two or more 15 to 25 bed units. It is usually unnecessary to make separate provisions for males and females, as long as a large percentage of bedrooms are private or semiprivate and separate bathing facilities are provided.

The location of the psychiatric section is a matter of some importance. It is essential to avoid excessive isolation and to provide for easy access to the outdoors.

The lower floors of a hospital are usually more desirable. Also, because the patients are ambulatory, they need not be given a high priority in respect to accessibility to laboratory, dining, x-ray and other services. Perhaps the most important issues in respect to location are, on the one hand, combating the pressures which are likely to be directed toward hiding psychiatric patients and, on the other, to providing a location close enough to the ground level so that the administration will feel less anxious about having unscreened windows.

7. Auxiliary Services. Basic decisions need to be made on whether or not to include services such as the following: (a) occupational therapy, either combined with the O.T. department of the entire hospital or separate; (b) recreational therapy, separate or combined; (c) volunteer services, separate or combined, and (d) training services in nursing and medicine. Insofar as possible, it seems advisable to combine the psychiatric auxiliary services with those for medicine and surgery, if psychiatry can exercise reasonable supervision. When these services are provided separately for psychiatry, provision needs to be made for space and equipment.

8. Specialized Services. Under some circumstances, it might be expedient to provide for certain special types of patients, for which specific facilities need to be provided. These would include: (a) patients undergoing medical or surgical care in addition to psychiatric attention (it is generally more practical to provide psychiatric care on a medical or surgical ward than it is to provide medical or surgical care on a psychiatric ward); (b) children with psychiatric problems, and (c) geriatric patients, particularly those convalescing from other conditions.

9. Horizontal Psychiatric Service. This is mentioned as a special problem because it is often overlooked as one of the possibilities. Under this system, psychiatry does not have its own ward, but places its patients on other services. Obviously, this is most workable when the hospital is largely designed for private rooms. In many cases, this type of psychiatric service may be no more than a compromise with expediency, but it may be the optimum method to use even when separate space is available. Its feasibility depends a great deal on the nature of the cooperation between psychiatry and the other specialties, and on the willingness of the nursing staff to handle both kinds of patients.

10. Staffing. The way staffing decisions enter into the question of design is related to: (a) number of physicians who require office space on the service, (b) whether outpatients are to be seen in the unit or somewhere else, (c) whether activity therapists and psychologists need to have space provided for them. No psychiatric unit that has ever been designed has provided for enough office space. Bedrooms can be designed and located almost identically with offices, and the two could be used interchangeably if this is foreseen as a possibility.

11. Decor and Furnishings. Contrary to traditional notions which tended to emphasize a subdued and relaxing decor, it is much more reasonable to think of a psychiatric service as one which demands the most imagination and attention-getting devices in its decorating and furnishing. The reason for this extra attention is based on the universal tendency of the psychiatric patient to be withdrawn and inattentive to his environment.

To help him pay more attention to his surroundings, it is important to give individualized treatment to different areas, and to emphasize color and form as attention-getting measures. Fortunately, the ambulatory condition of most psychiatric patients makes it unnecessary to provide the customary institutional furniture which is designed for making nursing care easy. Instead, modern hotel furniture, which is much less expensive, is very suitable. Extra furnishings such as window draperies, rugs and table lamps can be helpful in minimizing the institutional atmosphere.

The usual types of terrazzo floors and tiled walls are not as necessary on a psychiatric service because sanitation is not as much of a problem as it is on other services. As a result, more homelike and softer materials can be used. Rugs, for example, are very seldom used, but could be valuable additions to the decorating scheme.

12. Nursing Station: Facilities for nurses can be designed from one of two different points of view. One is based on the assumption that, on a psychiatric service, nurses will be primarily occupied with spying on the patients. The other theory sees the nurse's role primarily as one of socializing with the patients. These are quite contradictory, and a basic decision needs to be made as to which role it is expected that the nurses will play.

Obviously, the socializing role is the one which will be most helpful to the patient. If this is the choice that is made, the nursing station needs to be centrally located, but very accessible to patients, and not enclosed in glass. ■

General Hospitals Lighten Load of Long-Term Care

Maurice E. Odoroff
and Betty Watt Brooks

GENERAL hospitals are fast becoming an important adjunct to long-term psychiatric care. There are now 450 units with more than 15,000 beds providing psychiatric services in general hospitals. These units admit 200,000 patients annually, with an average stay of 15 days—as compared with the 274,000 admissions annually reported by state mental institutions, where the average length of stay reported is about 677 days.

These data were obtained from records furnished jointly by the Hill-Burton state plans for 1958 and by a national inventory of psychiatric units in general hospitals made by the Architectural Study Project of the American Psychiatric Association. A summary of facilities available and of the level of utilization reported, by socioeconomic region, appears in Table 1.

There are substantial differences in the nature of the source reports, since the Hill-Burton plans only record separately those hospitals having units of 10 beds or more for mental care. On the other hand, data regarding annual patient days and average stay were available only from the Hill-Burton plans. This is the first compilation of this nature developed from the combining of separate inventories.

The trend of psychiatric care in general hospitals has been accelerated as a result of wartime experience in military hospitals which emphasized the utility of early diagnosis and treatment. New skills in handling difficult psychiatric problems permit treatment in the general hospital in the early stages of an episode and offer means of shortening the course of the illness and avoiding repeated hospitalizations. The increasing demand for insurance coverage is also stimulating a trend to the general hospitals. Some factors still retard the development of psychiatric services in general hospitals. Inequalities in insurance benefits and the legal responsibility of hospitals for negligence are among such factors.

The goal of having general hospitals play a more significant part in the treatment of psychiatric illness has many advantages, according to leading commentators on the psychiatric scene.

One of the greatest advantages is simply the proximity of the general hospital to the community. Instead of being cared for in a mental hospital, where those committed tend to remain for long periods, the mentally ill patient in a general hospital is close to the community and to his home and remains for a shorter time.

Some authorities think the better facilities for treatment offered by the general hospital will reduce the period of hospitalization. At the same time, the proximity of the patient to related branches of medicine available in the general hospital offers added benefits, while treatment in the community hospital reduces the stigma surrounding mental illness.

Design and Operating Aspects

The changing picture of mental illness has brought forward new ideas with regard to personnel technics, equipment and buildings, mainly through a process of trial and error. Writing in *Architectural Record* for November 1956, Dr. Daniel Blain stated:

". . . New physical facilities are reflecting in their planning, design and detailing more recognition of the needs of the individual patient; patients are being cared for in

TABLE 1 — PSYCHIATRIC SERVICE IN GENERAL HOSPITALS 1958

Summary of Data From American Psychiatric Association and Hill-Burton State Plans

A. Facilities Available

Socioeconomic Region / Location	Population — Millions	Units Reported: Total Units Reported	Units Reporting Capacity	Units Reporting Utilization: All Sizes (APA)	10 Beds or More (Hill-Burton)	Capacity Reported — Beds: Total Reported: Number	Rate[1] Per Million Pop.	Units of All Sizes APA	Units of 10 beds or More Hill-Burton
United States	171.4	450	332	256	140	15,538	92	9,567	7,693
New England	9.8	32	17	13	5	394	43	253	170
Middle East	39.1	86	58	45	33	3,837	98	2,883	3,053
Southeast	35.4	60	48	36	12	1,441	43	1,031	533
Southwest	13.4	34	25	18	3	821	65	640	322
Central	45.9	151	118	97	47	7,012	153	3,191	2,303
Northwest	9.1	42	28	25	14	935	101	822	365
Far West	18.8	45	38	22	26	1,098	59	747	947

B. Level of Utilization Reported

Socioeconomic Region / Location	Population — Millions	Admissions — Annually: Units of All Sizes (APA): Total	Rate[1] Per Thousand Pop.	Units of 10 Beds or More (HB): Total	Rate[1] Per Thousand Pop.	Patient Days — Annually (Units of 10 Beds or More): Total	Rate[1] Per Thousand Pop.	Average Stay (Units of 10 Beds or More) — Days
United States	171.4	194,440	1.2	135,975	1.1	2,106,000	17.3	15
New England	9.8	5,402	.6	3,919	1.0	51,000	12.5	13
Middle East	39.1	61,245	1.6	52,776	1.4	912,000	24.9	17
Southeast	35.4	21,325	.6	10,447	.8	146,000	11.1	14
Southwest	13.4	8,151	.6	3,995	.4	99,000	9.6	25
Central	45.9	57,221	1.2	29,569	.9	606,000	19.2	20
Northwest	9.1	10,082	1.1	4,801	.7	81,000	11.1	17
Far West	18.8	31,014	1.9	30,466	1.6	211,000	11.4	7

[1]Rates based on only those states reporting data

smaller groups in smaller buildings; . . . in short, custody and security are no longer the chief concern of responsible authorities; this concern has been replaced by a recognition of the need to provide the wide variety of facilities required in a modern psychiatric program to meet total community needs."

In line with this thinking, seven guiding principles of design and operation important for psychiatric services in general hospitals have been developed:

1. The optimum size for a psychiatric service in a general hospital is approximately 10 per cent of the total bed capacity; psychiatric units with 15 to 20 bed capacity constitute the most workable size.

2. Units within the hospital should be in a location that permits free exchange of patients, personnel and visitors, offering, in addition, a great degree of integration of psychiatric service with the other medical services.

3. The principal therapeutic resources of the psychiatric service are staff skill, interest and numbers, rather than equipment.

4. Psychiatric service, to be effective, should offer a service that is essential to the operation of all other services.

5. There must be a good outpatient department or a close working relationship with private practitioners, since the follow-up care of psychiatric patients is more important in psychiatric service than in any other service.

6. In regard to security, the open door policy is the most effective for care and is far more acceptable to patients.

7. The environment must both attract and hold interest, since the general architecture, furnishing and decorating are important to the psychiatric patient.*

A Decade of Development

The fact that 450 general hospitals now report psychiatric units shows that the pendulum is moving away from the large state mental hospitals. During the last decade, the number of units in general hospitals has risen from 133 in 1948 to 300 in 1952, and to 450 in 1958. This shows an increase of some 317 units in nonfederal, voluntary nonprofit general hospitals. The greatest increase has occurred in the central region of the United States, where a total of 106 units has been added. (See Table 2.)

From the standpoint of admissions, the results of the surveys show that general hospitals are providing definitive treatment to a considerable portion of the nation's psychiatric patients. General hospitals reported in 1954 the admission of 264,837 psychiatric patients, in other than emergency situations. Surveys of other facilities showed that private psychiatric hospitals had 62,442 admissions (survey made by central inspection board of American Psychiatric Association); state and county hospitals had 167,185 admissions (N.I.M.H. survey); and Veterans Administration hospitals had 30,043 admissions (V.A. survey).

(*Continued on Next Page*)

*Goshen, Charles E., M.D.: A Guide for Designing and Operating Psychiatric Units in General Hospitals, Hospitals, 33:47 (Feb. 16) 1959.

Table 2 — NONFEDERAL GENERAL HOSPITALS WITH PSYCHIATRIC UNITS 1948 and 1958

State and Socioeconomic Region	Number of Psychiatric Units Reported in General Hospitals		
	1948	1958	Increase
United States	133	450	317
New England	10	32	22
Connecticut	7	5	−2
Maine	1	2	1
Massachusetts	1	15	14
New Hampshire	—	4	4
Rhode Island	1	2	1
Vermont	—	4	4
Middle East	20	86	66
Delaware	—	1	1
Dist. of Col.	4	4	0
Maryland	1	3	2
New Jersey	3	13	10
New York	7	31	24
Pennsylvania	5	28	23
West Virginia	—	6	6
Southeast	18	60	42
Alabama	—	3	3
Arkansas	—	1	1
Florida	4	9	5
Georgia	2	6	4
Kentucky	2	9	7
Louisiana	4	7	3
Mississippi	—	2	2
N. Carolina	3	5	2
S. Carolina	—	4	4
Tennessee	1	5	4
Virginia	2	9	7
Southwest	4	34	30
Arizona	—	4	4
New Mexico	—	1	1
Oklahoma	1	4	3
Texas	3	25	22
Central	45	151	106
Illinois	9	30	21
Indiana	2	22	20
Iowa	2	12	10
Michigan	6	16	10
Minnesota	7	18	11
Missouri	10	16	6
Ohio	5	19	14
Wisconsin	4	18	14
Northwest	22	42	20
Colorado	2	5	3
Idaho	—	3	3
Kansas	7	11	4
Montana	1	2	1
Nebraska	10	6	−4
N. Dakota	—	4	4
S. Dakota	2	5	3
Utah	—	5	5
Wyoming	—	1	1
Far West	14	45	31
California	10	30	20
Nevada	—	1	1
Oregon	1	3	2
Washington	3	11	8

Of a total of 525,407 admissions to all types of neuropsychiatric services, the general hospitals admitted more than half.

Voluntary nonprofit general hospitals studied by the American Psychiatric Association reported 194,000 admissions during 1957. Hospitals reporting psychiatric units of 10 or more beds, as listed in the 1958 Hill-Burton state plans, reported 135,975 admissions. Although the total admissions on these two lists differ, the rate of admission per thousand population was approximately the same — 1.2 and 1.1 respectively. Hill-Burton records, in addition, indicate 2,106,000 patient days annually for the psychiatric units reporting 10 beds or more, with an average stay of 15 days.

A 15 day average stay for psychiatric patients in general hospitals is a striking comparison with the length of stay reported in earlier surveys. A 1947 Cleveland survey reported the average length of stay in that area as 37 days. In 1954, the average length of stay was 25 to 30 days.

Blue Cross coverage for psychiatric service has become more widespread during the past decade. Ten years ago, only five of the 81 Blue Cross plans extended benefits for mental illness up to 31 days in a general hospital, while today 30 per cent of the Blue Cross plans and one-half (33) of the 64 Blue Shield plans extend benefits for mental cases in general hospitals with the same coverage as is provided for general illness.

Placing the psychiatric patient in a general hospital for early diagnosis and treatment is a major step forward. Through the use of a growing body of skills from a number of different professions (nursing, social work, psychology, occupational therapy, recreation and others) it has been found that a much larger percentage of psychiatric patients than had been previously thought possible are accessible to treatment.

Source of material in Table 2 was: 1948—Hamilton, Samuel W., M.D., What Psychiatric Service Should General Hospital Have? Hosp. Man. 66: 29 (December) 1948; 67:75 (January) 1949.
1958—American Psychiatric Association and Hill-Burton state plans.

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The primary concern in setting up a psychiatric service is to give the highest quality of care

How To Staff the Psychiatric Unit

Mark Berke

THE general hospital can no longer regard its program as complete unless it includes treatment of mental illness among its total services. Progress made in this direction during the last decade has gone hand in hand with improved methods of psychiatric treatment and changing attitudes toward psychiatry on the part of the medical profession and, significantly, the general public.

These developments, however, do not necessarily indicate establishment of a special psychiatric unit in all hospitals. Many hospitals cannot afford to do this, nor do they all have ready access to the required technical and professional personnel. In many cases, patients in need of short-term hospitalization for emotional disturbances do not require the special facilities of a psychiatric unit, but can readily be accommodated in the traditional units of the general hospital without damage either to themselves or to other patients.

Staffing a psychiatric unit in a general hospital depends on such factors as the projected occupancy of the unit, admission policies, and the type, variety and intensity of the care. In any event, not only the amount and nature of the care provided, but, specifically, the quality of such care, are of paramount concern.

In discussing various factors of staffing, quality must be considered to be an inherent and primary requisite. This principle is one that we try to observe in all aspects of hospital care, and it follows, therefore, that there is a fundamental philosophical similarity between the staffing of gen-

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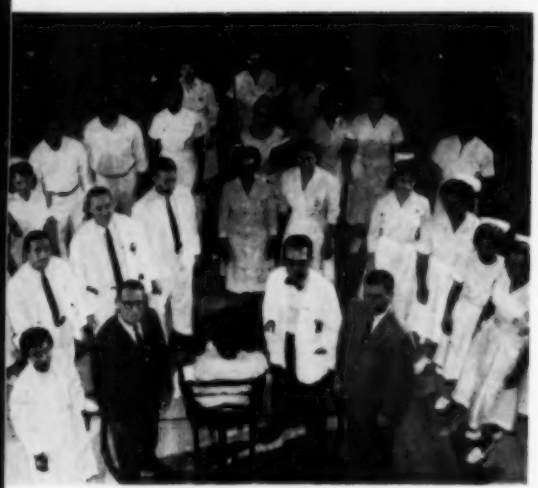
The Ratio of Nurses to Patients



Above: When Mount Zion Hospital's plans for installing an inpatient psychiatric unit are complete, these employes will be needed to staff a 20 bed open ward: Top Row, l. to r.: four attendants, dietitian, housekeeper, engineer; third row, l. to r.: two student nurses, social worker, two occupational therapists, ward clerk; second row, l. to r.: intern, two psychiatric residents, two volunteers, and four graduate nurses. In the front row are, l. to r. the director of nurses, the administrator, a "patient" (back to camera) assistant chief and chief of the psychiatric service. Below: The director of nurses (right) and her assistant plan for nursing coverage. A total of six nurses will be needed to give round-the-clock care.

eral hospitals and of psychiatric units. Staffing of an inpatient psychiatric unit can be considered an extension of the good, basic staffing of the general hospital itself. In both cases, comprehensive staffing may be correlated with teaching potential, and will, therefore, include students, interns and residents. Furthermore, comparing units which offer both teaching and research facilities, the research potential (as regards the degree of activeness) is in direct proportion to the scope of the training program.

In staffing, a level of competency that permits the maintenance of an effective on-the-job training program is vital. This not only means that additional personnel will be available to the unit as trainees, but also that additional personnel, both professional and nonprofessional, equipped with special skills, will be furnished to meet accelerating "market" demands. This factor, of course, has broad implications for the population's total health needs. The public relations value to the prestige of the hospital as a teaching institution is obvious; more so, if its teaching is coupled with an active research program. In addition, there is a relationship between a hospital's teaching status and its ability to obtain an adequate complement of house staff to provide round-the-clock coverage to all general hospital departments.

Round-the-clock coverage in a psychiatric unit requires a skilled group of psychiatrists, nurses and other employes who understand one another's roles and work as a team in integrating the various therapeutic services and procedures of total care. The number of employes required for integrated 24 hour care is dependent largely on the size of the unit and the special needs anticipated.

A unit of 20 to 25 beds is generally conceded to be desirable for economical staffing. It is recommended that at least 10 per cent of the general hospital's beds should be designated for psychiatric cases; of these it has been suggested that 20 per cent would be transfers from other hospital areas.

As to special needs, depending on the size of the unit, patients may be segregated according to degree of disturbance and type or intensity of therapy indicated. For instance, they may be acutely or mildly disturbed or ready for discharge; they may be relatively responsible, or may require maximum safety; they may be ambulatory, or may require bed care or intensive treatment. These factors would affect the complement of personnel and the extent of specialty positions required.

Generally, the ratio of nurses to patients is equivalent to the ratio prevailing in medical-surgical departments. In a smaller psychiatric unit staffed to care for a variety of disorders, in a closed ward, or in a unit staffed to provide for intensive research, not only would the nurse-patient ratio be comparably higher, but generally also the ratio of professional to nonprofessional nurses.

Is Generally Equivalent to the Ratio on Medical-Surgical Services

The following ratios are based on the total indicated personnel for the three shifts. In a comparison of two 20 bed wards in a Veterans Administration hospital, an open psychiatric ward was staffed with 1 nurse per 5 patients, and a closed ward with 1 per 3.3 patients. Combining nurses and aides, the ratio was 1 to 2.2 patients in the open ward, and 1 to 1.25 patients in the closed.

A closed 59 bed unit in a 701 bed general hospital was staffed with 1 nurse to 2.6 patients, or, combining nurses and aides, 1 to 1.5 patients.

In an intensive research program, the nursing staff may be 1 per 1.3 patients, and the ratio of professional to nonprofessional may be 2 to 1. The research program would be an integral part of the patient-care program.

Generally, the nurse-patient ratio in an open psychiatric ward is fairly equivalent to that required for moderate care in a medical-surgical area (1 to 4.6 patients), and in a closed ward, that required for medical-surgical intensive care (1 to 1.6 patients). In any case, however, the nurse-patient ratio must be evaluated in terms of the adjunct personnel required by or available to any particular unit.

If the psychiatric unit is limited in the amount of care it can provide, management must find new ways to use facilities more effectively. Day-care plus only night-care may be a suitable alternative. The night-care program deserves consideration because it permits the patient to continue his daily job and community contact while receiving psychiatric care at night. Also, because the patient is awake only several hours during his period of hospitalization, this program is economical, both in view of expense to the patient and in terms of staffing. (Equivalent occupancy during day-care, however, would necessitate more extensive staffing.)

In over-all staffing terms, the unit should have at least one psychiatrist, preferably on a full-time basis. Two or more are desirable to ensure continuity of service.

The chief psychiatrist will determine, as a practical matter, the orientation of the unit and its operating philosophy in the areas of patient care, education and research. Ideally, he should have had several years of training in a psychiatric hospital embodying both inpatient and outpatient facilities; and he should have had experience in the private practice of psychiatry, together with teaching experience, either in a university setting or in a first-rate teaching hospital. It is important also from the point of view of the hospital that the chief of psychiatry, regardless of his training, not be committed to a single form of therapy to the exclusion of all others, but rather that he adopt an eclectic program, in which there is a willingness to recognize and select from all schools of psychiatry those methods of treatment that appear to be sound and useful.

As a competent director of the unit, the chief psychiatrist should: deal with all acute psychiatric emergencies and conditions, counsel with relatives, teach his unit's personnel, guide training for other personnel, collaborate with the referring physician, provide consultation services to other physicians, cooperate with other departments and with the hospital administration, maintain an effective communications policy, and in general coordinate the unit so that total care is provided the patient. There may be also an assistant chief of service, and attending psychiatrists, depending upon the requirements of the unit.

There must be a full complement of nurses. On an administrative level, there must be 24 hour direction and guidance; this requires a head nurse who is proportionately as competent as the psychiatrist. An assistant head nurse is generally needed, and a member of the hospital's over-all nursing administration may also be involved in the psychiatric unit's administration. In minimum staffing, the administrative, educational and supervisory responsibilities may be handled by the chief of service during the day shift, and by the nurse supervisors during the evening and night shifts.

Good staffing seeks an effective psychiatrist-nurse-aide team. Such personnel as aides or orderlies should be trained in basic attitudes and understanding, and in the adaptation of routine hospital duties to psychiatric requirements. They should receive instruction on situations requiring emergency or safety attention, and on special technics and procedures utilized in therapy.

Ward clerks may be confined to the nursing station, or may, in addition, be involved in patient and staff activities, and must possess qualifications accordingly.

Social workers are essential for assisting not only in group therapy sessions, but also in original screening of patients and in arrangements for admission, for working with the family, and for follow-up on discharged patients.

Occupational therapists must be adequately skilled to ensure that their section of the unit will not merely provide the hobby type of activity to individuals, but activity of benefit to the total treatment program.

The advantages of having volunteers in a psychiatric ward merit consideration. Groups of sincere and stable volunteers have long served in mental hospitals as an integral part of the treatment teams. Their areas of service are correspondingly applicable to psychiatric programs of general hospitals, and existing auxiliaries can be encouraged to expand, or new groups can be formed. They may fruitfully be involved in patient-volunteer relationships simulating the outside community experience, their activities encompassing assistance in nursing, rehabilitation, recreation, the canteen, shopping and library service, to mention a few. The value of volunteers, not only as a therapeutic agent for the patient, but as a public relations agent for community education, must not be overlooked.

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The most pertinent area for public relations lies in the actual staff of the psychiatric unit, and its importance cannot be overstressed. It is important that each member of the staff feel that he is a member of a team working with specific and perhaps unique objectives in the care of this special group of patients. To this end, it may well be advisable to establish orientation programs, under the chief of psychiatry, so that a favorable ward atmosphere can be quickly established.

Proper staffing should be conducive to an atmosphere of optimal effectiveness, as regards both treatment requirements and interpersonal relationships. Indeed, the environment — or "therapeutic community" — is geared to benefit the patient's total living and activity, and is one in which all components of the staff are intimately involved. The nature of the relationships between director and staff is reflected in the relationships between psychiatrist and nurse, between nurse and patient, and in the relationship of patients themselves. The therapeutic milieu must therefore contribute to the unit's human as well as physical resources. The mentally ill patient has difficulties in interpersonal relationships and in his ability to communicate. He must not be further burdened by problems of interpersonal relationships on the part of the staff, to which he is acutely sensitive. There must be free flow of communication from all levels of organization. For the integration of treatment needs of the patient, policy making decisions — although guided by the administrative faction of the unit — must be encouraged from all levels of personnel. This is particularly important since generally the "lower" levels are in closest and most sustained contact with the patient.

Attitudes toward prestige and status in organizational situations reflect national culture. Attitudes of hierarchy, particularly in a psychiatric organization, have an adverse effect on the therapeutic environment. Tension caused by status consciousness and, particularly, communciation barriers, must emphatically be resolved, and here perhaps are fertile grounds for an educational program.

It should be stressed that optimal care demands the total resources of skill available to the psychiatric patient, and involves not only the particular specialties of the various staff members, but their interpersonal relationships in policy making and in other aspects of communication.

Public relations also touches upon employe, medical and community education. Because employes are valuable ambassadors of good will, they should be oriented in a basic understanding of mental illness, as their attitudes are important in the hospital's treatment program, even though many of them have very little contact with the psychiatric patient. Of importance would be a systematic educational service to departmental groups regarding precautionary measures that must be taken in the psychiatric unit to prevent hazards to patients. This program would apply particularly to housekeeping, maintenance and dietary personnel, as well as to technicians providing clinical, portable x-ray, and EKG services. Special instructions may also be indicated for admitting, medical records, and perhaps purchasing personnel.

For community education, there is a wide field for accurately describing the services of a psychiatric unit via radio, television, the press, public forums, and guided tours. Education will help to eradicate the stigma traditionally associated with mental illness, the prejudice and fear associated with the admission of psychiatric patients to general hospitals, and the disturbing notion that psychiatric care is primarily custodial rather than therapeutic.

In professional circles, a recognition that medical programs lacking in psychiatric care do not meet the total health needs of the patient can lend itself to a continued advocacy of short-term psychiatric treatment facilities in general hospitals. An increasing number of such facilities will, in turn, tend to attract psychiatrists to communities that do not already have psychiatrists in private practice; it will also provide additional areas for training and thereby help relieve current personnel shortages. Medical groups can also strive to influence legislation to facilitate building programs, and perhaps to offer educational subsidies. Additional areas of training may be developed, such as a traineeship in administrative psychiatry. Some training in administration may likewise be encouraged in undergraduate medical programs to acquaint the student with the value of administration itself as a therapeutic tool. In over-all training, there exists a growing possibility that resident programs that do not include inpatient psychiatric care may be denied full credit and approval. ■

Nurses Contribute to Psychiatric Care

Special recognition should be given the role of the graduate nurse in psychiatric care. She must possess stability, sincerity, warmth and empathy to a high degree, in addition, of course, to her greater specialization of nursing skills. Because of her contact with the patient, the graduate nurse can contribute greatly to the therapeutic atmosphere of the unit. In this area, her activities on a direct patient care level include: programing, participation in total patient living, communication with patients, observation and recording in group and individual reports, as well as medication and physical care.

The nurse is expected to keep the accident rate to a minimum and to prevent abuses and neglect of patients. The extra skills and capacity for leadership demanded of her should be reflected in her salary scale, and in a policy that permits an expression of grievances.

Much of the training of the graduate nurse will be given by the psychiatrists involved with the program, and will probably develop slowly through conferences and individual discussions of patient-personnel relationships. In this way, without any formal program, the nurses and other personnel will gain proper appreciation of the roles in patient care, and will, indeed, unwittingly sometimes engage in group therapy upon themselves. ■

Lt. John D. Worley Jr., USAF (MSC)

Clinics Can Keep Outpatients From Becoming Inpatients

EARLY detection and treatment of mental illness on a psychiatric outpatient basis would drastically reduce long and expensive periods of hospitalization. Unfortunately, the majority of general service hospitals capable of housing psychiatric outpatient facilities have failed to establish clinics, and many of the established clinics are far too limited for the existing need. A survey of such institutions disclosed various reasons for the widespread failure of general service hospitals to meet this pressing community health need.

1. Hospital administrators fear that a psychiatric clinic will prove too great a financial burden.

2. Hospital administrators do not detect the pressing community need.

3. The administration fails to discern certain benefits a hospital derives from a psychiatric clinic.

4. Hospital administrators and clinic directors often do not know or employ efficient administrative practices to receive maximum benefit from the clinics or bestow maximum benefit to the community.

Whatever the reason for a general service hospital's failure to meet its responsibility in this area, the hospital suffers along with the community. Neither the hospital nor the

The contents of this article reflect the author's personal views and are not to be construed as a statement of official Air Force policy.

Improved referral and fee collection policies serve to increase revenues and enlist public support

community can afford to lose the benefits provided by a psychiatric outpatient clinic.

Finance

No psychiatric clinic can operate without funds. Construction, maintenance, supplies and staffing require money. Consequently, financial backing from numerous and varied sources becomes vital.

With a strong referral program, a knowledge of the community's mental health needs, and clear objectives a clinic holds the needed ammunition for a strong financial campaign. The big question, however, is from which sources a clinic can expect financial assistance.

The survey upon which this article was based revealed that psychiatric clinics often lean heavily upon their housing hospitals for financial support. The chief drawback to this arrangement lies in the financial status of most general service hospitals. As operational costs continue to climb, hospitals must fight a constant battle to cut expenses and still maintain good patient care.

In addition, the general public considers hospital bills too high. Consequently, trustees often hesitate to increase hospital rates to extend psychiatric outpatient care even though both the hospital and community suffer. If a clinic derives much of its financial assistance from sources other than the housing hospital, the governing board will more readily institute or expand psychiatric clinic facilities and staff.

One source of expanded revenue is improved referral and fee collection policies. Clinics often fail to extend care to patients other than the indigent class and receive a nominal 50 cent to $1 fee in all cases. A referral system should include patients unable to afford private psychiatric care but who can pay a considerable amount of the cost. The clinic should then charge according to the patient's ability to pay. This plan provides greater revenue while increasing the public's interest and support.

The state, county and city should assist financially in treating psychiatric outpatients. Hospital administrators and directors of psychiatric clinics should investigate the financial policy of the individual state and county in which the clinic is located. If the hospital or psychiatric clinic does not receive reimbursement for indigent care provided citizens from the state, county or city, it should promote legislation toward this end.

Clinic operators should consider the possibility of obtaining revenue through community drives. All clinics should seek their share of monies collected by such drives as United Fund, Community Chest, and so forth. If the clinics are unable to obtain funds from these sources or such funds are insignificant, a citizens committee working for better mental health within the community might sponsor a drive to give direct aid to clinics.

All psychiatric clinics should encourage the establishment of foundations for the purposes of expansion and meeting operating costs. One large clinic surveyed indicated that this source provides 80 per cent of its operating revenue. A strong referral system, energetic citizens committees, and an active staff working with the community agencies and organizations should all help attract such assistance.

Fraternal and other organizations within the community offer another means of financial backing. To promote their support, hospital administrators and clinical staff members should contribute some time to these agencies and organizations.

A clinic located within a medical school setting may receive some backing from this source. This appears to offer a reciprocal arrangement, for the clinic serves as a valuable educational tool as well as a plant providing mental patient care.

It was interesting to note that one clinic surveyed derives all funds from a private corporation. This particular concern recognizes good personnel management involved in helping its employes keep mentally sound. In exchange for treating all employes and their dependents, the corporation gives total financial support to the clinic. All psychiatric clinics might investigate and strive to work out a similar arrangement with large companies and corporations. Both parties have much to gain from such a policy, even though limited in nature.

Staffing

The largest number of the psychiatrists employed by the clinics surveyed work on a part-time basis, and these part-time professionals contribute the majority of the staffing hours. Often psychiatrists who work part time are employed to serve the hospital inpatient service, which is a logical arrangement. A large percentage of the psychiatrists utilized by clinics and not by the inpatient service donate their services. Naturally, no individual could be expected to do this on a full-time basis.

This study indicated that clinics may locate part-time psychiatrists through the inpatient psychiatric staff, private practice, the teaching profession, research and the consultant fields. Clinics within the general service hospital should not overlook the opportunity to utilize all available part-time staff.

A smaller percentage of the psychologists work on a part-time basis. Among the reasons for this are: (1) Private practice offers fewer psychologists for part-time work. (2) The large clinics operating five to six days a week require one full-time worker or, at least, two or more on a part-time basis. Where part-time help is not overly abundant, the clinics tend to utilize full-time employes. (3) Most of

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the smaller clinics have no psychologist, which minimizes the part-time picture.

Clinics with a large patient load should strive to obtain psychologists on a full-time basis, and more small clinics with limited funds need to seek the service of a psychologist, at least on a part-time basis. Some of the available sources are the teaching profession, testing and supervisory workers in school systems, hospital inpatient service, private practice, and the consultant field.

The questionnaire revealed certain trends on the employment of part-time and full-time social workers: (1) On an over-all basis, full-time arrangements exceed part-time ones; (2) the large clinics employ a higher percentage of full-time workers; (3) small clinics utilize a higher percentage of part-time workers.

Limited patient loads in small clinics partially explain their intense utilization of part-time workers. Since smaller clinics do not have the demand for full-time social workers, medical social workers within the housing hospital are often used, especially where a psychiatric social worker is not available.

The larger clinics employ part-time social workers in conjunction with full-time members. The additional part-time helpers were drawn, in most instances, from the inpatient psychiatric ward of the hospital.

Physical Facilities

A wide variety of clinics in 350 to 450 bed service hospitals indicated weakness in their present facilities.

Thirty per cent of the clinics surveyed indicated a shortage of conference room space. The primary reason for this shortage lies in the number of staff members who must utilize the area. Conference space was inadequate in clinics open five days a week which averaged five part-time psychiatrists, as well as one full-time psychiatrist and a small staff. In addition to heavy staffing, this 30 per cent handles 57 per cent of all residents and interns rotating through the clinics surveyed. With such large staffs and intern and residency programs, it appears a clinic must plan for a particularly large conference room. In planning additional staff or training programs this must be taken into account. Also, if the psychiatric clinic should share a conference room with other medical groups, the availability of the room under such circumstances needs careful consideration.

When a new conference room is planned or an existing one is to be expanded a good hospital architect can best advise on the area required per individual; then the exact dimensions can be formulated according to the size of the group that will normally use this room. However, to convey a general idea, it might be mentioned that the air force recommends 35 square feet per person.

Those clinics which revealed inadequate facilities for privacy also, in all instances, disclosed insufficient space. Since there were no indications to the contrary, it appears that an overcrowded conference room contributes to a lack of privacy.

Like the conference room, a write-up room, when available, is utilized by most staff members. The majority of clinics which rated the write-up room satisfactory as to space and privacy had one or two such rooms at their disposal. A few with no such facility indicated satisfaction. However, these clinics offered a private office room for each staff member.

Those who expressed dissatisfaction with the space and privacy, in all instances, offered no write-up room for staff members, interns and residents. Thus, it can be safely concluded that dissatisfaction with the write-up room by the psychiatric clinics in 400 bed hospitals stems from a complete lack of the facility. Without available private office space for each staff member, residents and interns there arises the need for a quiet room in which to write records.

When considering a residency or intern program or an increase in staffing, the hospital administrator and clinic director should evaluate the write-up facilities. Few large clinics can offer a private room for all full-time and part-time members. Even fewer can afford or be expected to offer private rooms for residents and interns. A write-up room will serve these needs.

The study indicated that the principal reason for dissatisfaction with the office facilities for staff members stems from the necessity for several staff members to use the same area. This arises most often when there are inadequate office rooms for the part-time staff members. Whenever possible, part-time staff should be allotted private office space. This does not require that each part-time member have a private office. It does mean that if it can be avoided two staff members should not work in the same office at the same time.

Once each staff member has a private office at his disposal, many of the problems involving privacy disappear. However, two remaining factors need consideration. Does the office location lend itself to privacy? Is it adjacent to the pediatric clinic, clinic waiting room, or some other noisy area? Are the walls adequately soundproof? The doctor-patient relationship must be strictly confidential and undisturbed.

There are many areas of administration in a psychiatric outpatient clinic which require an administrator's attention. Hospital administration must continually contribute to the quality of medical care that efficient psychiatric outpatient clinics are capable of providing. This contribution, in many aspects, will determine the extent to which psychiatric clinics in general service hospitals can assist in alleviating the community's mental health needs. ■

ABOUT PEOPLE

Administrators

Norman A. Brady has been appointed director of Presbyterian-St. Luke's Hospital, Chicago, reporting to the general manager of the institution, **Herbert P. Sedwick.** Mr. Sedwick is also executive vice-president of the board of trustees. Mr. Brady, a graduate of the Northwestern University course in hospital administration, has served as associate director of the hospital since March 1959. Prior to that he was assistant director of Presbyterian-St. Luke's Hospital and administrator of the Presbyterian Hospital division since April 1956, when the two hospitals merged.


Norman Brady

Sister M. Adele has been named administrator of St. Francis General Hospital, Pittsburgh. She was also recently named chairman of the Hospital Conference Committee of Pittsburgh. Sister Adele is a former vice president of the Hospital Association of Pennsylvania and as its representative was vice chairman of the Joint Commission on Improvement of the Care of the Patient. She is a fellow of the American College of Hospital Administrators. Sister Adele has been associated with the administration of St. Francis Hospital since 1926, except for a year spent studying hospital administration at the University of Chicago and another as administrative resident at Evanston Hospital, Evanston, Ill.

Edward J. McGeachey, director of social service and outpatient departments since 1953, has been named assistant director of Maine Medical Center, Portland. At the same time the hospital announced the appointment of **Dr. Merle S. Bacastow** to the new position of director of medical education. Dr. Bacastow formerly held a similar post at Methodist Hospital, Indianapolis.

Dr. Cecil G. Sheps has resigned as director of Beth Israel Hospital, Boston, to join the faculty of the University of Pittsburgh Graduate School of Public Health early next year. He succeeds **Dr. John R. McGibony,** whose new appointment was announced in The MODERN HOSPITAL in September. Dr. Sheps will head a program in medical and hospital administration. He is chairman of the hospital facilities research study section of the U.S.P.H.S., a member of its national advisory committee on chronic diseases and health for the aged, a board member of the American Nurses Foundation, and a member of the national advisory committee to the White House conference on aging. Dr. Sheps received his medical degree from the University of Manitoba and a master's degree in public health from Yale University.

Dr. Fred Sparling has been appointed assistant director of Johns Hopkins Hospital, Baltimore, in charge of the outpatient department and clinics. He succeeds **Nick Rajacich,** recently named administrator of Easton Memorial Hospital, Easton, Md. Dr. Sparling was formerly administrative assistant in professional services. The hospital also announced that **William R. Blalock,** formerly administrative assistant, has been appointed assistant director of the hospital, in charge of a new materials management program.

John Y. James has assumed the post of associate director of Michael Reese Medical Center, Chicago, succeeding **W. J. Silverman,** who will become executive director of the medical center in January. Mr. James had been working on a three-year project at the University of Pittsburgh, where he served as director of the National Study in Hospital Research sponsored by the Association of University Programs in Hospital Administration. He was also a faculty member of the program in medical and hospital administration. He received a bachelor's degree in administration and a master's degree in public health in hospital administration from the University of California.

Ellwyn D. Spiker has been appointed assistant administrator of New England Center Hospital, Boston, succeeding **Robert E. Sleight,** who resigned to become director of research and hospital consultant with Markus & Nocka, architects and engineers, Boston. Mr. Spiker has a bachelor's degree from Los Angeles State College and a master's degree in public health from Yale University. He completed his administrative residency at the U.S. Public Health Service Hospital, San Francisco, and later served as assistant to the administrator. He was formerly administrator of the outpatient service at Letterman General Hospital, San Francisco. Mr. Sleight is a graduate of Duke University, has a master's degree in hospital administration from Columbia University, and has done graduate work at Western Reserve University. He is a fellow of the American College of Hospital Administrators.


Robert E. Sleight


Ellwyn D. Spiker

Stewart W. Matter has been appointed business manager of Hollywood Presbyterian Hospital-Olmsted Memorial, Los Angeles. He was formerly business manager of Murphy Memorial Hospital, Whittier, Calif. Mr. Matter received a bachelor's degree in business administration from Miami University in Ohio. He succeeds **Archer M. Chamless** who is now assistant administrator of Valley Presbyterian Hospital, Los Angeles.

Col. James T. Richards, executive officer of Brooke Army Hospital, Fort Sam Houston, Tex., has retired from active duty, at the same hospital where his service began in 1939. After receiving a master's degree in hospital administration from the University of Chicago, he returned to Brooke Army Medical Center and in 1950 helped establish the course in medical administration at the army medical service school. He is a member of the American College of Hospital Administrators.

(Continued on Page 180)

Nurse-Midwife Fills a Gap in Obstetric Care

Registered nurses specially trained in midwifery offer a solution to the problem of giving proper care to mothers and infants, particularly in small hospitals where surveys show many babies are delivered by someone other than a doctor

John Whitridge Jr., M.D.

ALTHOUGH the record of achievement in providing safe maternity care in the United States in the past two or three decades is one of which we can all be justly proud, there is reason for some concern over our ability to meet the demands for obstetric care in the near future. Some serious questions about our system of providing obstetric care need straightforward honest answers.

The first of these is this: Is our present pattern of providing maternity care in the United States adequate for the vast majority of patients? Adequate is, of course, a relative term and our answer will depend upon one's definition of the word "adequate" as it relates to obstetric care. If *"maternal safety"* and *"adequacy"* are the same thing, there is little room for concern. But if we include as part of our definition of adequate obstetric care that the whole experience must be a satisfying one to the mother and that the incidence of dead or damaged children resulting from pregnancy be kept to an absolute minimum, the answer immediately becomes less clear cut.

Using this broader definition of adequate, what is our current status? We know that 95 per cent of births occur in hospitals. It is of more than passing

Condensed from a paper presented to the American College of Obstetrics and Gynecology, April 1959.

Nurse-Midwife Has Two Functions

The nurse-midwife in the typical community hospital would have a dual role: She would function both as a nurse and as an assistant to a physician. In her capacity as nurse, ideally, she would be the supervisor or chief nurse of the maternity section of the hospital, and as such would have all the responsibilities pertaining thereto. Any teaching or supervisory functions, relating both to patients and to other maternity nurses, would belong to her.

The second part of her dual function would be in relation to direct care of patients, a function too often delegated to nurses who do not have the training and qualifications of the nurse-midwife. In this role she would be clearly responsible to the medical staff.

The details of this responsibility to the medical staff would naturally vary, depending on the size and administrative setup of the hospital. If service or clinic patients were involved, for whom the nurse-midwife was given responsibility, some one physician would have to be designated as the person to supervise and consult with the nurse-midwife. In the case of private patients who would be supported by the nurse-midwife during labor, her responsibility would be directly to the individual private physician. (I am assuming quite arbitrarily that we are talking about hospitals without any house staff member assigned to obstetrics.)

The details of exactly how the nurse-midwife would receive physician supervision would have to be flexible, depending on the existing circumstances, but it would be essential that at least one physician be available at all times on call by the nurse-midwife. ■

interest to observe that in the Vital Statistic Reports issued by the National Office of Vital Statistics[1] giving distribution of live births by attendant, there is a footnote to the heading "Physician in Hospital." This footnote reads "It is *assumed* [author's italics] that all births in hospitals or institutions are attended by physicians." Whether this assumption is accurate or not, or how nearly accurate, is important to our discussion. The very existence of this footnote implies at least some doubt in the minds of those who compile these reports.

Figures Not Available

How extensive is nonphysician delivery in hospitals? It would no doubt be quite impressive if it could be stated that exactly 243,914 women – no more, no less – were delivered in hospitals by nurses, practical nurses, or other nonmedical attendants in 1956. This cannot be stated, inasmuch as a physician eventually signs nearly all birth certificates, no matter who actually performed the delivery. Inability to produce such data, which would presumably prove the point, does not necessarily mean this type of delivery is as rare as those accustomed to conditions existing in our teaching and larger hospitals would believe.

There are two types of indirect evidence, however, which bear on this point, namely, the general characteristics of our smaller hospitals, and the opinions of competent observers who have intimate knowledge of prevailing practices in many community hospitals. Approximately one-quarter of all hospital births – about one million a year – take place in hospitals of fewer than 100 beds.[2] Only slightly more than 15 per cent of all general hospitals, usually the larger ones, are approved for either general internship or residency training in obstetrics and gynecology,[3] and even in these approved hospitals 17 per cent of all internships were unfilled in 1958. At least 4500 general hospitals have no approved house staff training program. Of course, many of these nonapproved hospitals are able to obtain the services of a physician who acts as resident or intern. Often he is unlicensed and foreign trained. Usually, he has multiple assignments, including accident duty, scrubbing on most surgical procedures, and so forth, which leave him little time, if any, to devote to obstetric patients except in dire emergencies. Furthermore, he cannot be on constant duty 24 hours a day, seven days a week.

Under these circumstances it would seem reasonable to suspect that in many small community hospitals responsibility for the care of patients in labor and for their delivery must fall upon either the attending private physician, or upon the nursing or other nonmedical members of the hospital staff.

Added to the foregoing evidence is the opinion of those who have worked in hospitals of the type being described or have had frank discussions with those who do – particularly the nursing staff. An informal survey made by competent observers in Maryland a few years ago led to the conclusion that in half of the rural hospitals of the state, 50 per cent or more of the babies were being delivered by someone other than a physician, often unlicensed practical nurses. It is difficult to imagine that this pattern would be confined to only one state in the union. At this point we can conclude that fairly frequent nonphysician hospital delivery is a distinct possibility.

Still, it may be said, why worry? Not many of these women are dying, no matter by whom they are delivered. Granted, but we are still trying to decide whether our present-day obstetric care is adequate. It is inconceivable to me that any woman could find the experience of going through labor, much of the time alone, without seeing her own – or any – physician, a very satisfactory one. How much confidence does she have in her attending nurse who many times may be more apprehensive than the patient? How many times is sedation given too soon under the mistaken impression that labor is progressing normally, or hoping to keep things from going too fast?

Second Life At Stake

But perhaps too much emphasis is being given to psychological and emotional factors, though I doubt it. Even so, there is a second life at stake, the unborn child. In contrast to the dramatic drop in maternal mortality, perinatal mortality has declined only slightly. With better surgery, antibiotics, blood banks, and more nearly adequate prenatal care facilities available, maternal mortality is no longer the most sensitive index of the quality of obstetric care – it is perinatal mortality. We should also include, of course, not only those children born dead or failing to survive the first month of life, but those who survive but show evidence of damage, such as cerebral palsy, mental retardation, and so forth. The prevention of most of these tragedies lies, of course, through better *obstetric* care. Our pediatric colleagues have succeeded in almost miraculous fashion in salvaging newborn lives. Our job as obstetrician is to give them a better quality of child to work with, plus doing what we can to prevent fetal deaths.

It would seem axiomatic that the outcome to the fetus is directly influenced by the quality of care received during labor. Furthermore, the adequacy of labor care depends upon the skills and knowledge of the attendant, in other words, quantity and quality of personnel. If, as we have seen, there is some basis for believing that nurses and less well trained attendants are giving labor and, on occasion, delivery care, what are the training qualifications of such personnel? In most instances, especially in small community hospitals, they have had less than adequate preparation in maternity nursing and certainly no training in performing deliveries.

Dr. John Whitridge Jr. is associate professor of obstetrics at Johns Hopkins University School of Medicine, and chief of the bureau of preventive medicine for the Maryland state department of health. He was formerly chief of the department's division of maternal and child welfare. Dr. Whitridge received his medical education at Johns Hopkins. In 1953, the department of obstetrics at Johns Hopkins became the first university teaching center in the U.S. to undertake nurse-midwife training.

So much of the present. What of the future? The current level of live births each year in this country is 4.2 million.[1] The Bureau of the Census estimates that by 1970 we will be having between 5.5 and 6 million births annually.[4] However, while the number of births will increase by between 40 and 50 per cent, the number of physicians is expected to increase a mere 14 per cent.

With little predictable prospect of physicians being able to keep up with either the increase in population or births, and with evidence of already existing deficiencies in obstetric care in this country, who then will be available in 1970 to provide care? If we persist in following our present concepts, it is conceivable that an ever increasing number of women and their newly born children will receive inadequate care.

Infant Mortality Rises

There is already evidence that this is happening. A number of communities, for example Baltimore City,[7] have noted with alarm in the past few years a *rise* in infant mortality, a large part of which, of course, is neonatal mortality. No clear-cut answers are as yet available as to the reason. One can conjecture that perhaps it is due to the resistant staphylococcus, but a likelier cause is a decrease in the training and skills of hospital personnel. More and more duties that were previously assigned to qualified nursing personnel are being delegated to less well trained persons. Too often corners are being cut.

The crux of the matter, therefore, is personnel – people with proper training and skills for the job they are required to do. Hospital staffs, owing to pressure of work, are being forced too often into making the provision of obstetric care into more or less of an assembly-line procedure with little or no personal element in the picture, and often the line between safety and danger is a fine one.

As in most problems of this type there is no one necessarily right answer to this, or one that will be acceptable to all. One possible solution I would like to take up in some detail is the increased utilization of nurse-midwives.

It is indeed unfortunate that the term midwife enters into the picture. Actually, a term which better describes the type of person being considered would be obstetric assistant, since her function is to work in obstetrics as an assistant to a physician. When one hears the term nurse-midwife, usually the midwife part overshadows nurse, and one is left with the concept of an untrained individual who delivers poor people in some hovel far out of the reach of modern medicine. Nothing, in fact, could be farther from the truth.

Although relatively unknown in this country, the nurse-midwife has been used extensively and successfully in many countries of the world, such as Great Britain and various countries of Europe. The certified nurse-midwife is first of all a graduate registered nurse. In addition, she has usually had special postgraduate training in nursing education and maternity care and experience in public health. With this background she enrolls in a course of midwifery of from eight to 12 months' duration.

Prior to 1953 there were in this country only three schools of nurse-midwifery, namely, the Maternity Center Association of New York, the Frontier Nursing Service of Kentucky, and the Catholic Maternity Institute of New Mexico. In 1953 the department of obstetrics of the Johns Hopkins University became the first university teaching center in the country to undertake the training of nurse-midwives. Since then Columbia, Yale and the State University of New York have joined this small group, and others are making similar plans. There is a small but active American College of Nurse-Midwifery. All involved in these projects recognize the utmost importance of maintaining high training and educational standards. The half-trained, would-be nurse-midwife, produced to meet an emergency need, would quickly kill the whole idea and would result in a situation similar to our medical diploma mills existing at the turn of the century.

In an accredited program of nurse-midwifery, the student receives from qualified medical and nurse-midwife instructors a thorough review of the physiology of pregnancy, labor, delivery and the puerperium, as well as of the newborn infant. She is taught the fundamentals of adequate care during the antepartum period, during labor, and the technic of normal delivery, and early recognition of abnormalities. In addition, in the Hopkins program, she is taught the technic of episiotomy and perineal repair. Special emphasis is placed upon developing skills of instruction of patients in

Philadelphia Health Officials Study Higher Infant Death Rate in Hospitals

PHILADELPHIA. – Hospitals here are concerned over the relatively high death rate among newborn infants, according to a report in the *Philadelphia Bulletin*.

In some hospitals the physical surroundings are worn and threadbare and there are not enough nurses to give good care to the babies, the story said.

Dr. Donald A. Cornely, chief of the city's maternal and child health section, said that Philadelphia has a proportionately higher number of deaths of infants under one month of age than either New York or Chicago.

He cited inadequate city regulations and said that the state doesn't have enough personnel to enforce even the minimum standards.

The city's regulations for the operation of hospital nurseries were written in 1923 and are considered by most experts in the field to be completely inadequate for 1959, the *Bulletin* reported.

The Pennsylvania state department of welfare also has regulations setting minimum standards but they are geared to cover even small rural hospitals and thus are necessarily moderate, the story added.

Dr. Cornely said he had recently appointed two pediatricians and two obstetricians as advisers to help raise the standards not only in the nurseries but in maternity departments.

"In Philadelphia the emphasis has been on neonatal mortality," Dr. Cornely said, "but actually we must shift the emphasis to perinatal mortality.

"It's just as bad to have a child die two days before it is born as it is to have it die two days after birth," he said.

preparation for labor and the management of patients in labor both from the physical and emotional points of view. She learns to accept responsibility for complete maternity care of patients found suitable after careful medical evaluation, but always under medical supervision and alert to the need for calling for help when there is the first sign that things are not going well. How totally different from the old-fashioned midwife doing home deliveries! How different from the average general duty registered nurse or practical nurse!

Let's be quite clear on one point. There is no thought of turning back the clock to the days of home delivery by the nonprofessional midwife. Rather, we would simply be adding the nurse-midwife to our present system of hospital obstetrics. Working in cooperation with and under the supervision of physicians, the nurse-midwife can spare the physician many long hours of work for which his special skills are not always required, at least not needed when there is another *competent* person in attendance.

Why She Plays Minor Role

Why has the nurse-midwife remained so obscure and played such a minor role in this country? The reasons are manifold, but foremost among them may be mentioned the following: First there is reluctance on the part of the medical profession to relinquish what has come to be traditionally something that requires a physician's skills. In the background undoubtedly there is also the thought that perhaps nurse-midwives might compete with physicians by entering private practice Though perhaps legally possible, this is so far outside of the whole philosophy of nurse-midwifery as to be unthinkable. The nurse-midwife is trained and accustomed to working under medical supervision and would be most unhappy as an independent practitioner of midwifery. Third, there is rather general ignorance on the part of physicians, nurses and the public of the qualifications and possible functions of the nurse-midwife. She would function as a competent employe of either the hospital or private physician to provide, among other things, high quality prenatal, labor, delivery, postpartum and newborn care to our ever increasing number of pregnant women. Corollary, but not insignificant, functions include teaching obstetric nursing to student and graduate nurses, acting as supervisors of maternity departments, as consultants in public health maternity programs, and others. Fourth, there is disagreement within the nursing profession as to how nurse-midwifery fits into the picture. And last, but not least, is the prevailing opinion that all is well and no changes are needed.

In addition there may be the question in the minds of some concerning acceptance of nurse-midwives by patients themselves. On the basis of our experience at Hopkins now running over five years, nurse-midwives are happily accepted by patients. Their services are particularly appreciated during labor, at which time any patient welcomes the nearly constant presence of a sympathetic, confident and well rested person in attendance.

An objection that may be raised against the extensive training and utilization of nurse-midwives is that we are already experiencing a shortage of graduate nurses and that by diverting a considerable number of them into a new field we would be further depleting the ranks of the nursing profession. This is frankly a bothersome consideration and one that cannot be answered with any certainty. It is conceivable, however, that the added prestige and financial remuneration that would come to nurse-midwives might have the reverse effect and actually be an added inducement to young women to take up a nursing career. In addition, it seems rather likely that the added responsibility and sense of accomplishment that come from active continuous participation in the care of patients would make maternity nursing a more popular specialty. Contrast the role of a competent nurse-midwife with that of the usual graduate nurse on a busy delivery floor who goes from patient to patient performing more or less routine functions. Certainly our student nurses at Hopkins have been stimulated by working with the nurse-midwives. Even though one cannot predict the effect that nurse-midwifery would have upon the general nursing picture in the future, it would seem worth a try and might surprise all of us by adding to, rather than subtracting from, the *total* number of nurses.

If the training of adequate numbers of nurse-midwives proves to be impractical in this country, there is still one other alternative that bears brief mention, namely, programs of training of *professional* midwives who are not nurses. This, too, is a fairly common European pattern in which young women who have completed high school are given a comprehensive, usually two or three year course in midwifery. Such individuals are, of course, less well trained than nurses. They could be produced at less cost and in larger numbers and could certainly serve a useful function as competent attendants during labor. They, of course, would have learned the technic of normal delivery.

In looking ahead to 1970, which incidentally is little more than a decade away, the nurse-midwife, to me, appears a most logical solution to the challenge that faces us.

It's Time To Start Planning

To recapitulate, I can find no hopeful evidence to indicate a sudden increase in physicians, particularly those interested in obstetrics. It seems quite clear that the annual number of births will increase steadily well ahead of any anticipated increase in physicians. *Someone* will be needed to give care to these mothers and their children. It is none too soon to start our planning for the future. If we wait until the situation deteriorates, we may well find not only the perinatal mortality rates beginning to rise, but maternal mortality as well. The person to take the lead in encouraging the development of nurse-midwifery in this country is the obstetrician. The group that could do most to promote such a program is the American College of Obstetrics and Gynecology if the members feel there is any justification for nurse-midwifery in the United States. If so, the time to start new training programs for nurse-midwives is now. ■

References

1. Vital Statistics-Special Reports, National Summaries, National Office of Vital Statistics, Oct. 15, 1958.
2. Hospitals 32:351 (Aug. 1) 1958.
3. J.A.M.A. 168:529 (Oct. 4) 1958.
4. Illustrative Projections of the Population of the United States by Age and Sex 1960-1980, Bureau of Census, Dept. of Commerce, 187:25 (Nov. 10) 1958.
5. Physicians in Practice in the United States 1956, Division of Research Program Analysis Branch, U.S. Children's Bureau (Sept. 5) 1956.
6. Personal Communication, Dr Robert L. Faulkner, secretary, American Board of Obstetrics and Gynecology.
7. Baltimore's Health Record for 1958, News Service, Baltimore City Health Department, Jan. 1, 1959.

Supervisors Must Learn To Be Good Leaders

The qualities that make a good leader and how they can be developed by the supervisor are analyzed in this discussion of inservice training of supervisors

Leonard Nadler

NOT too many years ago many of us assumed that supervision and leadership were synonymous. It is true there was research which indicated differently. However, it was more comfortable to think of every supervisor as a leader. Today, it is recognized that such a condition is desirable but not an accomplished fact. Accordingly, a supervisory training program should include recognition of the need for developing leadership skills.

Are Leaders Born or Made?

There are many ways to approach the subject of leadership. If the conference leader feels fairly secure he may be prepared to open with a highly controversial question. Discussion is almost assured if he asks, "Are leaders made or born?" The conference leader should not let any person or group take the discussion into too many unrelated areas. This question can be approached in many ways and there are those who will find many examples to support either thesis. Actually, there is probably little to be gained from raising the question except to bring it to the surface and dispense with it. If it is not stated clearly in the session, it will constantly recur in various ways, possibly blocking the progress of the group at a later and more important point.

One aspect that may become obvious is that the same word – leadership – is being used in a variety of ways. Rather than a dictionary definition, it might be important to know how the group sees leadership. One way of testing this is to ask group members to name those they think are, or have been, leaders. A typical list from a hospital group might include: Eisenhower, Hitler, Stalin, Salk, Roosevelt, Truman, Nightingale and Churchill.

The list, of course, can be almost endless. In addition, each name could be debated but this would be of no value. The generalization that the conference leader can make is that these people are leaders because somebody in the group sees them as leaders. This is sufficient! The degree of leadership (how much) and the direction (good or bad) is not pertinent. If even one person will follow, this makes a leader.

The group is probably now ready to begin exploring some more workable definitions of leadership. Many definitions are available. Of these, two seem to be the most understandable and acceptable to hospital groups.

A leader is one who influences behavior. This is a very short definition and probably leaves much to be desired. However, it appears to satisfy the needs of many trainees. An example of this type of leadership is the technic used by a nurse supervisor to get floor nurses to work in senile wards. They would work there if ordered to, but they would not volunteer for such duty.

The supervisor wanted to encourage the group to accept the assignment more willingly. Obviously, if the nurses willingly accepted these assignments, this would reflect itself in the caliber of the work. She used a many pronged approach. She obtained some books for the hospital library on nursing services for the senile patient. At the regular monthly staff meetings she arranged special programs. At one, she showed a moving picture and invited a speaker to discuss the senile patient. At another, she organized a symposium of nurses to share reports of the rewarding experiences they had had with these patients.

Worked for Acceptance

The superviser wasn't cute or circumspect. She admitted quite openly that she was working toward getting all the nurses to accept such assignments. As could be expected, information and a healthy approach by fellow nurses swelled the ranks of those willing to serve. The supervisor influenced behavior, didn't she? Call it what you will, this was leadership.

Leadership is such a necessity that every supervisor must be constantly alert to the need for utilizing leadership practices in his daily work.

A leader is that person who most effectively influences the group toward setting and achieving goals. Although leadership can be exerted with only two people involved, we usually see leadership in larger group situations. Notice the use of the words "most effectively." This presumes that many

Mr. Nadler is chief of the training division, Division of Personnel, Pennsylvania Department of Public Welfare, Harrisburg. This is the eighth article in the series of articles by Mr. Nadler on training supervisors. The first article appeared in the September 1958 issue of The Modern Hospital.

HOW TO USE BRAINSTORMING AS A TECHNIC OF TRAINING

ALTHOUGH it was not conceived originally as a training method, the brainstorming technic has its usefulness in training situations.

There are two basic elements to a good brainstorming session: (1) a problem that the group needs to solve, and (2) acceptance of the ground rules for the session.

The problem should be one that the participants know something about. However, the participants need not be experts or even highly knowledgeable. All that is required is that the participants know the basic elements of the situation and be willing to think.

The ground rules should be understood by the participants. The basic rules, as developed by Alex Osborn, follow:

1. Judicial judgment is ruled out. There should be no criticism of ideas as they are being contributed. As soon as criticism starts the generation of ideas stops! Some group leaders use a traffic light to emphasize this point. The light is green as long as ideas are pouring forth. The leader flashes red when a participant starts evaluating. It tells the group that ideas have stopped.

2. Free wheeling is encouraged. Even the wildest ideas should be welcomed. It is easier to tame ideas down than to think them up. Remember, it does not matter at this time if the idea is valid or not. There is a later step which will take care of screening the ideas.

3. Quantity is wanted. The greater the number of ideas, the greater the likelihood of eliciting really good ones. The emphasis is on quantity. It is believed that sufficient quantity will produce some items of quality.

4. Combination of ideas. It is not necessary that each member of the group present only his ideas. Rather, the leader encourages the group to add to ideas of other members, or combine ideas from others.

The last step in the brainstorming process is the followup. This takes many forms but all are designed to produce something useful from the brainstorming session.

To be more specific about these procedures, let us take, for example, the problem of staffing the night shift. Picture a group of employes of various levels and work assignments brought together to brainstorm this problem. The group should include all of the hospital departments which operate during the night shift.

When the group gets together, the leader must be sure that everyone knows the ground rules. It would also be helpful if those in the group knew each other. After discussing the ground rules, the leader should encourage the group to try out the technic on a completely unrelated problem.

In some sessions, it might be desirable to have several warmups before proceeding to the basic question. However, care should be taken so that the warmups do not border on the basic problem. Rather, they should be far out of the realm of the problem. After sufficient warmup, the actual brainstorming session can begin.

The problem of staffing the night shift might be written on the board, handed out on sheets of paper, or in some fashion kept constantly before the group. The leader should be sure that the group understands the problem, but he should not allow any evaluation of the problem. Above all, the group leader cannot allow any suggestion that the problem is outside the realm of solution. Rather, this decision should be left to some person or group other than the participants.

Now, the group leader can set a time limit, give the groups free rein, and let them go ahead. When they have listed their suggestions, the recorders should give their lists to the group leader, and the brainstorming session is over.

Although the session is over, the process is not. The followup is extremely important. A group should now take all the suggestions and analyze them. Such a group might include, for example, all supervisors of the night shift, or selected supervisors from the three shifts. In either case, the group should have adequate representation from all the departments affected, including personnel and administration.

The first step the group should take is to eliminate all duplications from the material produced by the brainstorming session. Then, those that are obviously unusable should be discarded. A sizable list will still result. The ideas must be grouped, reworked, reworded and generally evaluated. Ultimately, if the session has been productive, there will be some workable ideas. These must now be presented to the administrator who can make the necessary decisions.

If any of the ideas are used, all of the participants should be informed.

It would be well to recognize some of the limitations of brainstorming. Not all problems are amenable to this technic. Some of them are solved better by careful reasoning or experimentation rather than by flow of ideas.

Some people cannot work within this technic. There are those of us who function much more effectively alone than in groups when it comes to generating ideas. Some preliminary work being conducted at Yale University has added strength to this concept. The conference leader must be sure that all of the participants want to work within the ground rules. Participants who would prefer to work alone should not be forced to join a brainstorming group. They will contribute little to the group, and the technic might cause them to deprecate their own abilities for creative thinking. ■

members of the group can be exerting leadership at the same time. The leader is the person who has the greatest effect on the group. He does not tell the group what to do. He encourages them to set goals.

For example: The admitting procedure in a certain hospital was sorely in need of improvement. The business officer (the admitting department reported to him) asked those concerned to explore the situation. They indicated that the fault was the lack of a written policy on admissions. The business officer encouraged them to develop a set of written policies which could be presented to the board of trustees. The group agreed to accept this as a hospitalwide project.

This is a very simple case. Many manifestations of leadership are much more complex. It serves to illustrate, however, how a supervisor may use everyday situations to offer leadership to the group.

Leadership Has Many Aspects

Setting goals is only one aspect of the function. Most groups achieve their satisfactions from their accomplishments. For example, if the group described here actually drew up a set of standards for admissions, this would be a measure of achieving goals. But what if the board of trustees rejected the standards? Although it would not be the responsibility of the supervisor, the group would still have failed to achieve its goal. The supervisor might exhibit his leadership by working with the board to encourage it at least to give open discussion to the standards. True, his leadership would be outside of the primary group he is concerned with, but it would affect its satisfactions.

Another dimension of leadership indicates that it is the function of the situation. A supervisor can be a leader of men only if the men exist and there is a need for leadership. The supervisor must recognize, however, that he cannot be a leader in every situation. Each situation calls for a different kind of leadership and no one person can be versatile enough to provide leadership in all situations.

From this discussion, it is probably obvious that the key to leadership is the individual. What kind of individual makes a good leader? What are the traits of leaders? Using these questions in conjunction with the buzz group technic (see The Modern Hospital, November 1958, page 89), these are some of the traits offered by hospital training groups:

Ability. Employes, particularly in hospital situations, want a supervisor they can respect for his ability. This is sometimes coupled with skill or similar descriptive words.

Initiative. A supervisor who is not a self-starter will experience difficulty in leading his subordinates. It is signifi- that most subordinates want their supervisors to be go-getters. This doesn't mean the brash prototype of the early railroad barons. It does suggest the kind of person who sees each day as a challenge. For people working in a hospital setting, helping others, the challenge of the day is important. Another word that is sometimes presented is "drive." It is used to mean something similar to the concept of initiative rather than in the psychological sense.

Honesty. A leader must have the respect of those he would have follow him. It is important that the group can rely upon his word. Only too frequently, the complaint has been heard:

"My supervisor told me that if I took the night shift now, I would be transferred to the day shift as soon as there was a vacancy. Sure enough, there was a vacancy but they went and brought somebody in from the outside. I'm not the first one this happened to. You just can't believe my supervisor."

The same concept is sometimes covered by the word "integrity." In either sense, there is implied more than the individual characteristic. It is also implied that the supervisor will not make promises that he knows cannot be kept within the limits of the situation.

The personnel officer had a complaint and used the training conference to air it. "We have had cases," he said, "where a supervisor has promised people raises. In some of these cases the supervisor knew full well that this was impossible. We have a classified system in this hospital and there is a maximum rate for each job. An employe cannot be given a raise above that rate. This supervisor knew it. He promised raises. When they didn't come through he made Personnel the goat. Of course, it didn't take very long before everybody saw through this."

Even though the supervisor appeared to keep his word, the contradiction in the situation is obvious. All supervisors are limited by rules and regulations over which they have no control. Everybody knows this and the supervisor cannot be held responsible for these limitations. However, he should not make false promises, using these known factors to cover his lack of honesty. When it comes to light, he will be branded dishonest and have lost his claim to leadership.

Personality. Technically this may not be the correct word, but it is the one used by many persons in training conferences. It is used to suggest that a leader must be a person who attracts attention to himself. This is not accomplished by wearing outlandish clothes or playing practical jokes. It does not mean that the leader should be a character. Rather, it is the feeling that emanates from him. It is the warmth which encourages people to want to be in its glow. It may be personal magnetism or a sort of contagious vibrancy. It is a difficult dimension to measure, and even more difficult to illustrate.

Employes Like To Work for Him

In work situations, it is sometimes manifested when an employe points out, "I like to work for my supervisor. He makes you feel that he is interested in you. He makes you feel that each day is a wonderful experience. He makes you feel that you want to do your best with each patient." A supervisor who can communicate this to an employe must have personality, as used in this context. He is a leader.

There are many more traits too numerous to mention at this time in detail. Included on the list would be:

Understanding, of himself and others.

Tolerance. He must allow for the mistakes and vagaries of others.

Loyalty. Although this works both ways, the demands on the supervisor are much greater than those on the subordinate. The leader must be loyal to his subordinates. He can only encourage loyalty from them.

Makes decisions. Although not all decisions need be made by the leader, he must be capable of making decisions when necessary. Even shared leadership requires that at some point a decision be made.

(Continued on Next Page)

As one examines the list of traits expected of a leader, it appears that he must be some sort of a superman. Realistically, nobody expects any one person to have all these traits. It is questionable whether such a paragon could be tolerated. However, they indicate some of the behavioral goals towards which one can strive. Even working toward self-improvement is a trait of the leader.

How does one work toward developing desirable leadership traits? There are many kinds of inservice and educational activities that can help. Within the work situation, supervisors have usually made three suggestions.

A person wishing to develop his leadership should be constantly reexamining his own behavior. Sometimes this is difficult without outside help. But it can be done. It requires at least some part of the day set aside for quiet introspection.

If others are willing to help us, we can sometimes view ourselves through their eyes. If there are those around who would help, constructive criticism from them can be helpful.

A true leader can learn from other people's experiences, as well as his own. There are many ways he can share these experiences. An inservice training program, such as described in these articles, is one way of sharing. Meeting with other would-be and actual leaders in professional groups is also valuable.

For purposes of convenience, we can look upon three different kinds of leadership: autocratic, laissez-faire and democratic. Although this breakdown is convenient, it should be noted that actually it is quite difficult to isolate each kind of leadership. Most leaders use many variations of each.

Autocratic leadership is seen in the person of the supervisor who says, "I am the boss!" A true leader can be the boss without the necessity for ever mentioning it. The autocratic leader sometimes tempers his behavior by rationalizing that after all he is behaving so for the good of his employes or his patients. However, all group goals and decisions are strictly his.

Laissez-faire behavior on the part of the leader usually leads to chaos. In most hospital situations there is the need for the supervisor to assume affirmative leadership. A supervisor cannot allow the situation to adjust itself. He must work within the limits of the situation. If he abdicates leadership, either somebody else takes over or nobody takes over. The somebody else may then move the group to action for which the supervisor is responsible. If nobody takes over, his work group may merely float in a leaderless limbo.

Democratic leadership is by far the most desirable and the most difficult to achieve. This form of leadership involves the group but does not divest the leader of his responsibility for decision making and responsibility for the results of the decision.

No leader is of all one kind. Research has shown that the most effective leader is probably a combination of the autocratic-democratic. There is no absolute pattern or rules which can be given. Each leader must choose that combination of leadership patterns which seems most appropriate to the situation and the individuals. ■

How a Sore Toe Kicked Off an Emotional Crisis

THERE are many times when each of us has felt the need to explode. For good mental health, there is nothing wrong with a healthy blow-off every now and then. It is important, however, that the blow-off not be directed against the wrong individuals at the wrong time. Have you ever been part of this kind of chain reaction?

One of the doctors had a little boy. One day this little boy, in a childish tantrum, stamped on his father's toe.

That day, the father went to the hospital to see one of his patients. In the elevator, one of the visitors accidentally stepped on his sore toe. As he could not antagonize a visitor, he turned to the elevator operator and in a loud voice criticized him for being a bungling fool who did not know how to run the elevator.

The operator could not answer the doctor back. On his way down, one of the food service supervisors was in the elevator. In front of the other passengers, the operator commented on the poor serving system in the dining room.

The food service supervisor did not want to reply to this, so he quietly went about his business. That is, outwardly he was calm and quiet. Inside he seethed. At the first opportunity he bawled out one of his employes who was waiting on tables.

Of course, this is a fairy tale and, as with most fairy tales, it could never happen — could it? And the people in it are not real — are they? Each of these people could easily be leaders in a variety of situations. However, by losing self-control at the least provocation, they relinquish their right to leadership.

As some of our readers may feel the need for a happy ending to fairy tales, let us resume the story:

The food service employe was so upset that the next time he left the kitchen to wait on a table, he was very forgetful. He didn't bring the butter for the bread, the cream for the coffee, or the gravy for the potatoes.

As the diner (the elevator operator) left the dining room, he grumbled about the poor service, the quality of the food, and the general surroundings. As he guided his elevator, he no longer made his usual smooth stops. He no longer accompanied the opening of the door with a "watch your step."

As a result, one of his passengers (the doctor) stumbled on his way out and stubbed his toe. Yes, the same toe that had been injured earlier.

When the doctor arrived home, his little boy rushed at him (stepping on his toe) and demanded: "What did you bring me. Give me something!" And the father *did* give him *something*, and that night the little boy ate his dinner standing.

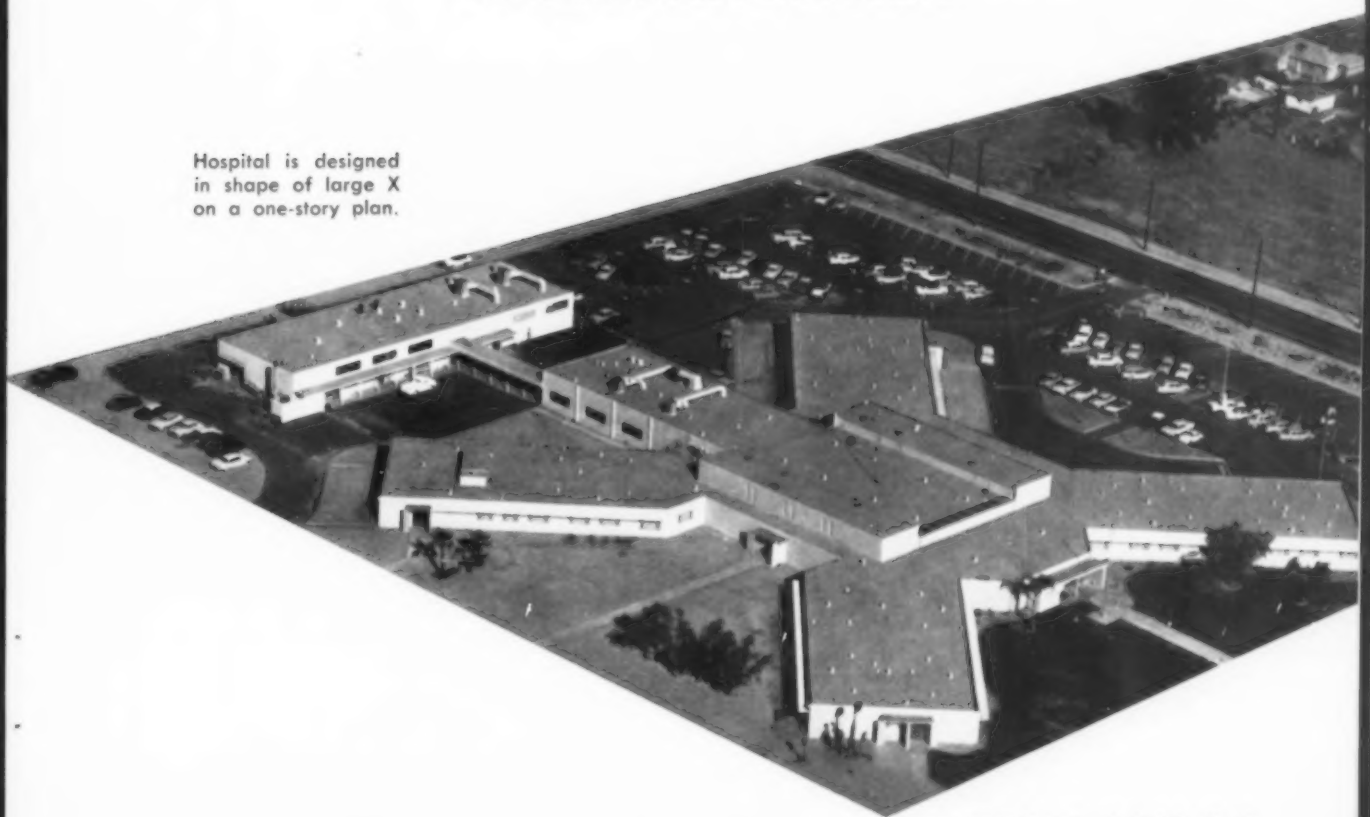
It might be delightful if this were only a fairy tale. Unfortunately, it comes a bit too close to reality to be enjoyable. It takes a mature, understanding person to break this chain. It takes a person who can exercise self-control. It calls for a person with leadership qualities. ■

"Turtle" Plan Offers Extras in Efficiency

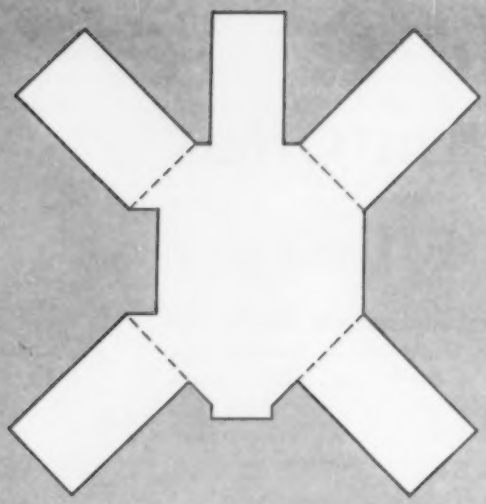
PATIENTS at San Bernardino Community Hospital, San Bernardino, Calif., live in splendid isolation from noise and traffic, thanks to the design of the building which removes them from the center of staff activity and visitor traffic. As a further soundproofing (and safety) measure, the architect provided a separate building to house boiler and equipment rooms, the laundry, and storage area.

Even more notable, in the opinion of Virginia Henderson, the administrator, is the fact that the one-story, turtle-shaped building, opened last year, was constructed at a cost of less than $10,000 per bed. This was accomplished, she explains, through the use of precast tilt-up concrete which saved both labor and materials. For further economy, the surface of the concrete panels was left exposed with a painted finish on both exterior and interior. Detailed plans, photographs and additional text appear on the following four pages.

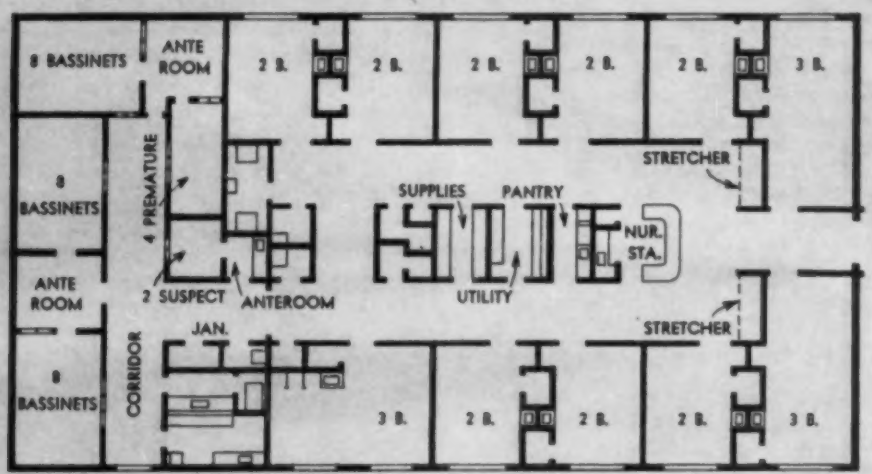
The hospital was designed by Denver Markwith Jr., partner in the firm of Buttress, McClellan & Markwith, Inc., architects, Los Angeles.

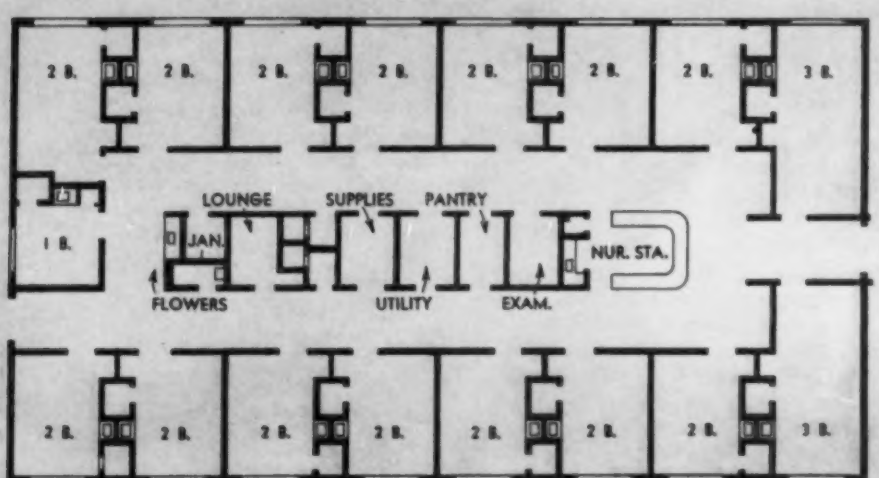


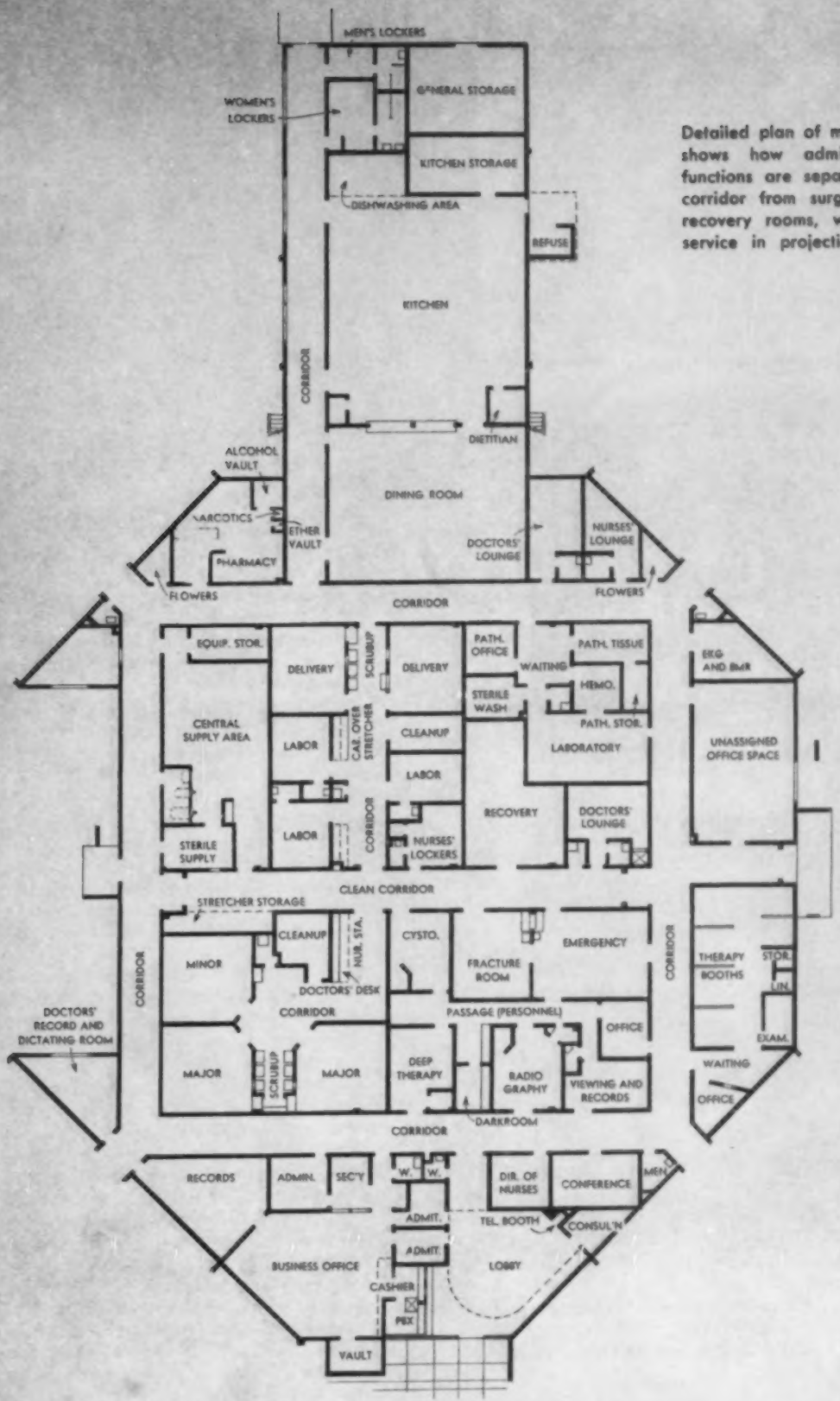
Hospital is designed in shape of large X on a one-story plan.



Left: Plan of San Bernardino hospital shows how nursing wings surround central core surgery and service areas. Below, top: Maternity wing with 25 beds, 30 bassinets. Bottom: One of two general nursing wings shows layout.







Detailed plan of main area shows how administrative functions are separated by corridor from surgical and recovery rooms, with food service in projecting area.

Right: Lobby located at entrance to the central section. Unusual wall treatment gives modern look.

Above: Nursing station in one of the patient wings. Each independent wing has its nursing station.

Above: Patient rooms have oxygen and suction equipment, inter-com, and radio and television speakers.

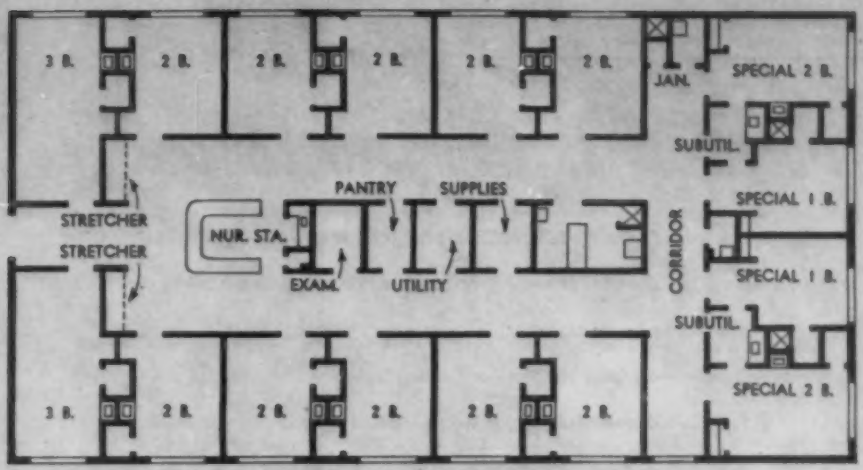
Patient Areas Grow Out of Central Service Block

THE layout of San Bernardino Community Hospital is extremely workable, according to the administrator. The patient areas have been placed at the four corners of the service block like the four legs of a turtle. In this block are located the administrative and business offices, surgeries, delivery rooms, recovery room, "family room" for relatives, x-ray and emergency departments. At the rear of this central core, and projecting out from it, are the food service department and dining rooms.

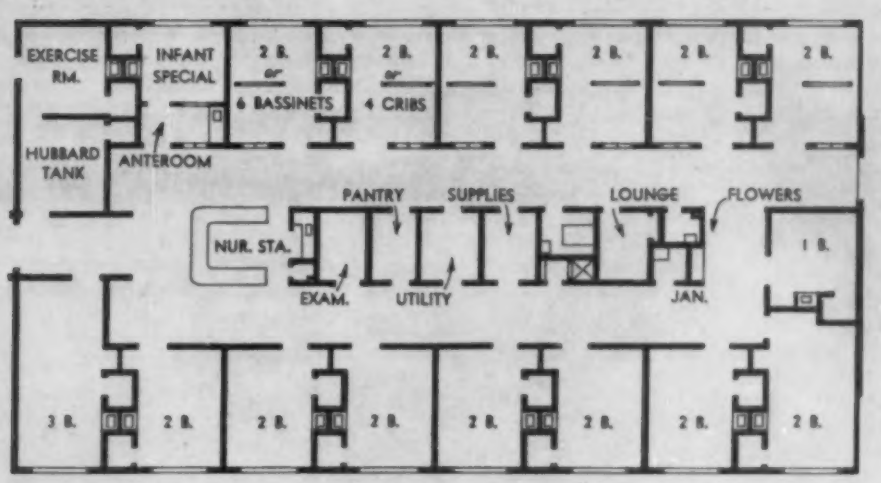
The design of the patient areas is unusual, Mrs. Henderson says, in that the working unit is in the center "like an island," which makes it possible for a corridor on each side to service the rooms that open off it, thus eliminating the bustle of carts and stretchers and the noise and traffic usually encountered in hospital corridors. Corridors have been shortened to save steps, she explains, and employes can pass from one side of the wing to the other by walking through the center island.

Each wing is self-sustaining, having its own supplies, grill, ice machines, pantry, linen closets, and examining rooms, so there is little necessity for employes to leave their own stations.

Commenting on the plan, a consultant commended the arrangement of the central core but pointed out that strict supervision of sterile technics and of the use of corridors therein will be required, and that "further expansion of any one of the facilities in the central block will be difficult without involving the others." ■



Plan of the 32 bed nursing unit shows how patient rooms are arranged around service core with nursing station at end. Below: The pediatrics unit follows typical arrangement with addition of exercise room and special room for infants.



The hospital presented here has been selected as The Modern Hospital of the Month by a committee of editors. Award certificates have been presented to the hospital and the architects. A similar award will be made each month.

OUTLINE OF CONSTRUCTION COSTS

Total project cost (including Group 1 equipment)		$1,249,456.00
No. of beds	130	
(Planned for 70 additional)		
Cost per bed		9,611.00
Total square feet	57,440	
Square feet per bed	467	
Cost per square foot		21.75
Total cubic feet	835,860	
Cubic feet per bed	6,795	
Cost per cubic foot		1.49

Hospital Pharmacy Is Going to College

Results of a questionnaire study of trends in pharmacy education shows a steady increase in the number of courses in hospital pharmacy on both undergraduate and graduate levels — a trend that should help to solve the shortage of trained pharmacists in hospitals, the author points out

Elmer M. Plein

THE aspiring hospital pharmacist today has a choice of three educational routes to the job: (1) He can take the same undergraduate training given to other pharmacy students plus, if he wishes, some specialized elective courses, and then learn hospital pharmacy on the job. (2) He can take the usual undergraduate course, followed by a specialized master's degree program. (3) He can combine either of these programs with a formal internship or residency in hospital pharmacy. All three methods of training have produced excellent hospital pharmacists.

Changes Are Planned

Data concerning courses in hospital pharmacy, internships and requirements for graduate degrees were determined from a questionnaire submitted to each of the 75 schools of pharmacy in the states. The response was excellent and the answers reflected recent additions, changes and plans for hospital pharmacy education.

Nineteen of the 74 schools that returned answers to the questionnaire do not give either undergraduate or graduate courses in hospital pharmacy. Seven of the schools with graduate programs in hospital pharmacy make no provision for undergraduate courses in the subject. Thirty-four of the 48 schools that teach undergraduate hospital pharmacy offer one course in hospital pharmacy to undergraduates; 11 schools offer two undergraduate courses, and one offers as many as four courses.

Most of the schools probably use the undergraduate courses to introduce the subject to the students, although in some schools the courses are designed for graduate as well as undergraduate students. Thirty-four schools give laboratory instruction as a part of the course. If the school has a student health center or teaching hospital, these facilities are used for teaching purposes. However, nonuniversity hospitals cooperate with the schools and the hospital pharmacists serve as preceptors in teaching the laboratory portion of the course. Twelve schools reported such cooperation. The University of Washington finds that this procedure functions well, and even though the school now has a teaching hospital in which to give laboratory instruction, affiliation with the nonuniversity hospitals will be continued and students will rotate among several hospitals.

The report of the Committee on Hospital Pharmacy Education of the American Association of Colleges of Pharmacy presented at the 1957 meetings of that group contains some interesting facts relative to courses in hospital pharmacy. The committee agreed that all courses required in the five-year program for retail pharmacy are probably needed for every field of pharmacy and certainly for hospital pharmacy. Assuming that there would be provision for professional electives in the last two years of the five-year program, the committee suggested work beyond the required courses to help qualify students to enter the field of hospital pharmacy. Three courses – manufacturing pharmacy, offering three credits per semester for two semesters; hospital pharmacy management (two credits), and hospital pharmacy seminar (two semester credits) – were suggested.

Learn Medical Terminology

The course in manufacturing pharmacy, the committee believed, should emphasize manufacture of sterile solutions, ophthalmic preparations, allergenic extracts, and laboratory reagents. Hospital pharmacy management could be taught on the basis of Herbert Flack's syllabus.[1] In the hospital pharmacy seminar the students would present papers based on library research – a procedure designed to give the students as broad a picture of the operation of a hospital pharmacy as possible. The committee recommended a course in public health because of the importance of stressing the position of pharmacy in relation to the other health sciences. It recommended also that schools having the facilities should teach a course in radioisotopes. The final point brought out by the committee was that pharmacy students should be given instruction in medical terminology early in

(*Text Continued on Page* 114)

Elmer M. Plein is professor of pharmacy at the University of Washington, Seattle.

[1]Flack, Herbert: Bull. Am. Soc. Hosp. Pharm. 12:261, 1955.

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remove metal seal and disc

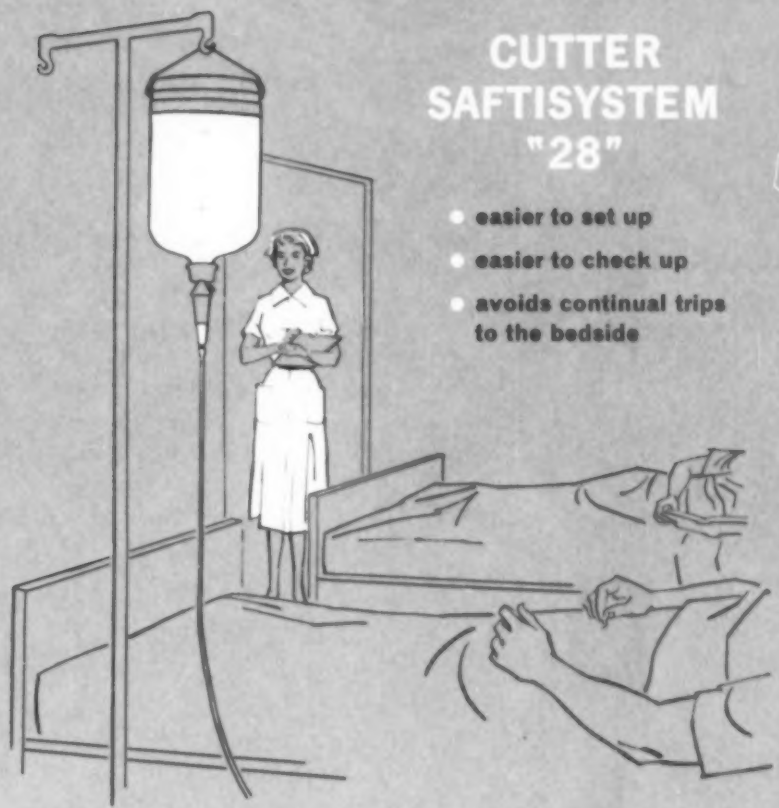
plug set into center of stopper with a quick thrust

quickly invert bottle to visually check for vacuum and to automatically establish fluid level in drip chamber; clear tubing of air and infuse

†Patent Pending

SINCE CUTTER 1897

LONG DISTANCE CHECKING FOR NEEDLE STOPPAGE BECOMES POSSIBLE WITH THE



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The Saftisystem takes just 8 seconds to set up. There's no searching for the point of entry as there's only one place in the stopper where the set plugs in. The bottle, when inverted, automatically establishes a level in the drip chamber, and the incoming filtered air bubbling up gives a visual check for vacuum.

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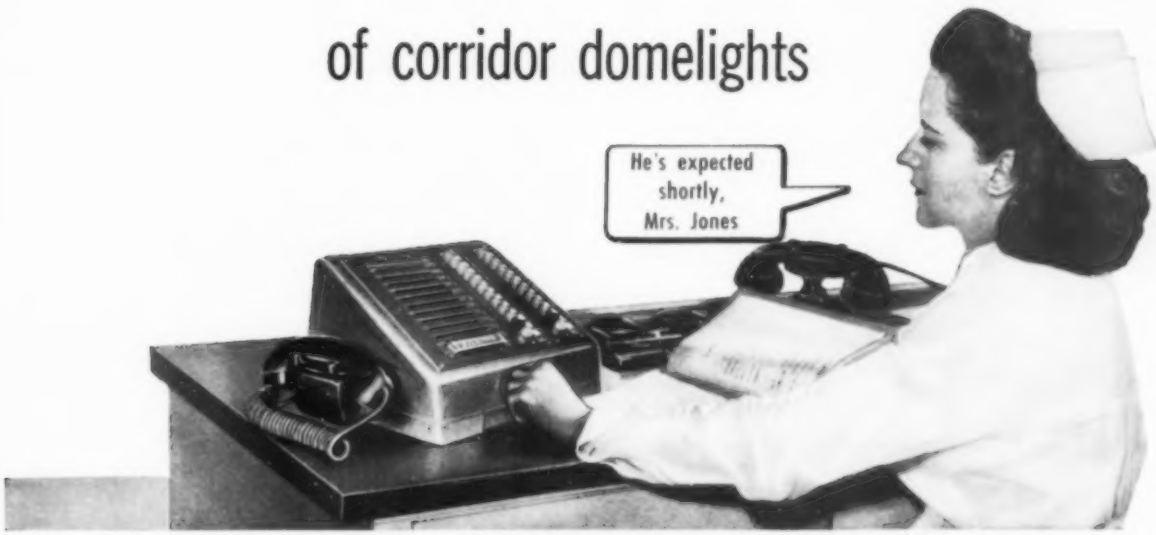

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Many hospitals—old and new—are discovering the economy and efficiency of Executone's Audio-Visual system. More patients are handled with *less effort, in less time!* One hospital reports that Executone has reduced operating costs 8% per bed. *It is an invaluable aid in relieving the nurse shortage.*

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TABLE 1 — SCHOOLS OF PHARMACY OFFERING GRADUATE PROGRAMS IN HOSPITAL PHARMACY AND HOSPITALS AFFILIATING WITH ACADEMIC INTERNSHIPS

School of Pharmacy and Hospital	Internship No. Hours
California	
University of California, School of Pharmacy	2000
University of California Hospital, San Francisco	
Veterans Administration Hospital, Oakland	
University of Southern California, School of Pharmacy	2000
Veterans Administration Center, Los Angeles	
Bryan Memorial Hospital, Los Angeles	
University of California, Los Angeles Hospital	
Colorado	
University of Colorado, School of Pharmacy	1920
(Hospitals to be selected)	
Connecticut	
University of Connecticut, College of Pharmacy	2000
Hartford Hospital, Hartford	
Florida	
University of Florida, College of Pharmacy	1920
University of Florida Hospital, Gainesville	
Illinois	
University of Illinois, College of Pharmacy	2000
University of Illinois Research and Educational Hospital, Chicago	
Veterans Administration Hospital, Hines	
Indiana	
Butler University, College of Pharmacy	2000
Veterans Administration Hospital, Indianapolis	
Indiana University Medical Center, Indianapolis	
Purdue University, School of Pharmacy	none
Iowa	
State University of Iowa, College of Pharmacy	2000
State University of Iowa Hospitals	
Veterans Administration Hospital, Iowa City	
Maryland	
University of Maryland, School of Pharmacy	2000
The Johns Hopkins Hospital, Baltimore	
Massachusetts	
Massachusetts College of Pharmacy	2000
Massachusetts General Hospital, Boston	
Peter Bent Brigham Hospital, Boston	
Michigan	
University of Michigan, College of Pharmacy	2000
University Hospital, Ann Arbor	
Wayne University, College of Pharmacy	1980-2000
Minnesota	
University of Minnesota, College of Pharmacy	2000
Veterans Administration Hospital, Minneapolis	
Missouri	
St. Louis College of Pharmacy and Applied Sciences	600
Veterans Administration Hospital, St. Louis	
Nebraska	
University of Nebraska, College of Pharmacy	1920
Lincoln General Hospital, Lincoln	
New York	Optional
Columbia University, College of Pharmacy	1920
Hospitals in New York City	
University of Buffalo, School of Pharmacy	2000
North Dakota	
North Dakota Agricultural College, School of Pharmacy	2040
Veteran's Administration Hospital, Fargo	
Ohio	
Ohio State University, College of Pharmacy	2000
The Health Center, Ohio State University, Columbus	
Pennsylvania	
Duquesne University, School of Pharmacy	2080
(Hospital not listed)	
Philadelphia College of Pharmacy and Sciences	1920
Jefferson Medical College Hospital, Philadelphia	
Temple University, School of Pharmacy	2000
Temple University Hospital, Philadelphia	

(*Continued on Page* 114)

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oozing

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Absorbable Hemostatic

Time-tested OXYCEL (oxidized cellulose, Parke-Davis) promptly achieves surgical hemostasis following capillary and other small-vessel bleeding. Applied directly from the container, OXYCEL readily conforms to wound surfaces.

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▬ Sterilized, cotton-type, 2¼ inch x 1 inch x 1 inch portions.

▬ Sterilized, four-ply, gauze-type strips, 5 inch x ½ inch; 18 inch x 2 inch; 36 inch x ½ inch; and 3 yard x 2 inch, pleated in accordion fashion.

▲ Sterilized, four-ply, gauze-type discs, 5 inch and 7 inch diameters, conveniently folded in radially fluted form.

Supplied in individual glass containers.

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(*Continued From Page* 112)

School of Pharmacy and Hospital	Internship No. Hours
University of Pittsburgh, School of Pharmacy Veterans Administration Hospital, Pittsburgh	2000
Tennessee	
University of Tennessee School of Pharmacy John Gaston Hospital, Memphis	Indefinite
Texas	
University of Houston, College of Pharmacy Veterans Administration Hospital, Houston	2000
University of Texas, College of Pharmacy University of Texas Student Health Center, Austin	1920
Virginia	
Medical College of Virginia, School of Pharmacy Hospital Division of the Medical College of Virginia, Richmond	1920
Washington	
University of Washington, College of Pharmacy Veteran's Administration Hospital, Seattle	2000

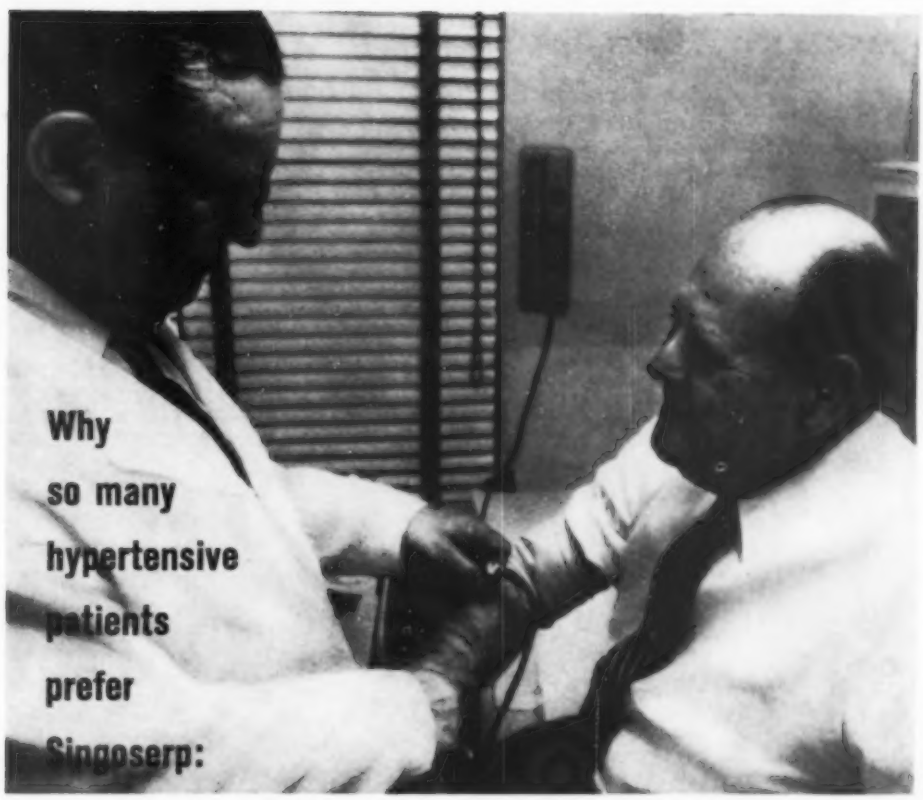
(*Continued From Page* 108)
the curriculum, perhaps through introductions to derivations of words.

The committee felt that the courses in hospital pharmacy suggested in its report would aid appreciably in meeting the critical manpower shortage in this field, particularly because the number of students who receive an M.S. in hospital pharmacy will not meet the demands in the near future.

Most schools require an internship program for the master's degree and the last column of Table 1 presents the clock hours of internship required by each program. Although the present requirement is 2000 hours, some schools have reported 1920 hours, which was formerly the requirement.

A pharmacy internship in a hospital is a postgraduate program of organized training approved by the division of hospital pharmacy of the American Pharmaceutical Association and the American Society of Hospital Pharmacists. It consists of no fewer than 2000 clock hours, as indicated, and extends for not less than one year. The internship schedule includes supervised instruction in the specific activities shown on page 116.

Also presented in the Minimum Standard for Pharmacy Internship in



It spares them from the usual rauwolfia side effects

FOR EXAMPLE: "A clinical study made of syrosingopine [Singoserp] therapy in 77 ambulant patients with essential hypertension demonstrated this agent to be effective in reducing hypertension, although the daily dosage required is higher than that of reserpine. Severe side-effects are infrequent, and this attribute of syrosingopine is its chief advantage over other Rauwolfia preparations. The drug appears useful in the management of patients with essential hypertension."*

*Herrmann, G. R., Vogelpohl, E. B., Hejtmancik, M. R., and Wright, J. C.: J.A.M.A. **169**:1609 (April 4) 1959.

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Hospitals,[2] are sections on qualifications of the training hospital, qualifications of pharmacy service, and qualifications of the applicant.

Table 2 lists the hospitals that offer nonacademic internships. Because of geographic location it is not always feasible for a hospital to affiliate with a school of pharmacy in an educational program. However, a student can satisfy the internship requirement in a hospital that offers a nonacademic internship and complete the requirements for the master's degree in one of the graduate programs.

The future of hospital pharmacy education as indicated by answers to the questionnaire is interesting. Of the schools that do not now have either undergraduate or graduate courses, seven, and possibly eight, will institute undergraduate courses in hospital pharmacy. The five-year curriculum in pharmacy seems to be one factor which will influence the colleges to add hospital pharmacy as an undergraduate elective course. Two or three schools will organize a graduate program and two schools will develop both undergraduate and graduate courses in hospital pharmacy. One school offering only graduate work in hospital pharmacy hopes to develop undergraduate courses.

Of the schools offering only under-

[2]Revised Minimum Standard for Pharmacy Internship in Hospitals. Am. J. Hosp. Pharm., 15:228, 1958.

Hours of Intern Training

	Clock Hours
Outpatient dispensing	250
Inpatient and general dispensing	320
Bulk compounding and preparation of sterile products	320
Bulk compounding and prepackaging of nonsterile products	320
Pharmacy administration	480
Collateral and interdepartmental special activities	185
Lectures and conferences	125
Total	2000

Table 2 — Hospitals That Offer Nonacademic Internships

STATE	HOSPITAL	CITY
California	Queen of Angels Hospital	Los Angeles
	Orange County General Hospital	Orange
	Veterans Administration Hospital	Oakland
Colorado	Denver General Hospital	Denver
Connecticut	Greenwich Hospital	Greenwich
Delaware	The Delaware Hospital	Wilmington
	The Memorial Hospital	Wilmington
District of Columbia	Freedman's Hospital	Washington, D. C.
Florida	Jackson Memorial Hospital	Miami
Illinois	Veterans Administration Hospital	Hines
Louisiana	U.S. Public Health Service Hospital	New Orleans
Missouri	St. Mary's Hospital	St. Louis
Maryland	U.S. Public Health Service Hospital	Baltimore
Michigan	Saginaw General Hospital	Saginaw
Minnesota	University of Minnesota Hospitals	Minneapolis
New Jersey	Atlantic City Hospital	Atlantic City
	Hackensack Hospital	Hackensack
	The Mountainside Hospital	Montclair
New York	St. Clare's Hospital	New York City
	St. Mary's Hospital	Brooklyn
	Veterans Administration Hospital	Manhattan
North Carolina	Duke Hospital	Durham
Ohio	Mercy Hospital	Toledo
	Springfield City Hospital	Springfield
	St. Luke's Hospital	Cleveland
Oregon	Good Samaritan Hospital	Portland
Pennsylvania	Philadelphia General Hospital	Philadelphia
Washington	U.S. Public Health Service Hospital	Seattle
Wisconsin	Madison General Hospital	Madison

A single ½ Gm. dose provides effective levels in body tissues and fluids for 24 hours. No renal obstruction. Extremely low sensitization potential. At least equivalent to 4 to 6 Gm. of previous sulfonamides.

Highly economical • Saves personnel time and effort • Spares pharmacy stocking space • More acceptable to in-patients • Assures greater cooperation from outpatients

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250 mg. per teaspoonful (5 cc.)

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graduate courses in hospital pharmacy, five will expand the undergraduate division and one school, possibly three, will add a graduate program.

Of the schools now offering both undergraduate and graduate courses, two will expand the undergraduate program and four will make changes in their graduate programs (one school[3] has added a Ph.D. program).

It has been conservatively estimated[4] that by 1960 more than 400 additional pharmacists will be needed annually to fill positions in hospital pharmacies and that in 1970 the annual requirement will be more than 470. It appears that more than 10 per cent of the pharmacy graduates are now entering hospital pharmacy and the trend is expected to continue. Hospital pharmacy education at the undergraduate level can help to meet the manpower shortages in this specialization by supplying staff pharmacists and by promoting student interest in hospital pharmacy. The five-year program allows time for hospital pharmacy electives. However, in order to meet the demands for chief pharmacists and directors of pharmaceutical services it will be necessary to expand the graduate programs in the schools of pharmacy. There is need for an even greater expansion in the number of internships. Many more nonacademic and academic internships must be provided by our hospitals and we will have to see that these internships are filled by qualified candidates. ■

[3]University of Michigan, Ann Arbor.
[4]Archambault, George F.: Am. J. Hosp. Pharm., 15:131, 1958.

Revolving Shelves Speed Dispensing Drugs, Keep Prepared Prescriptions Within Reach

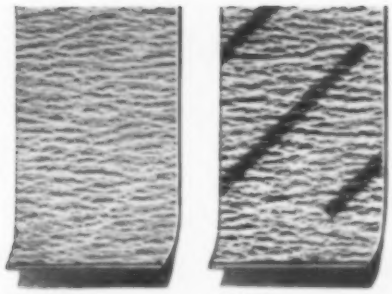
FILES or shelves that revolve make for quick dispensing of already prepared prescriptions.

We have found at Scott Air Force Base Hospital, Scott, Ill., that this method of dispensing is quick, reduces the amount of shelving and floor space needed, obviates searching for an item, and eliminates much walking. A further advantage is that it is easier to take inventory with the revolving shelves because all articles are readily accessible instead of being ranged one behind the other on shelves. Since this is a military hospital, no charges are made; however, for our own control and budget purposes each prescription is costed and tallied out daily.

These revolving shelves can be adjusted both up and down to accommodate various sizes of items and the width of the bins can also be adjusted as desired.

The two rotaters are equivalent to 125 running feet of 14 inch shelving. This reduces space and walking requirements to an absolute minimum. — LT. COL. FREDERICK EHARDT, *USAF, MSC, executive officer, Scott Air Force Base Hospital, Scott, Ill.*

Seven tiers of revolving shelves store hundreds of items of pharmaceuticals within easy reach of the pharmacist to facilitate dispensing of prescriptions.



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Hospital Autoclave Tape No. 222

WON'T POP LOOSE even in high steam temperatures. "SCOTCH" Brand Hospital Autoclave Tape No. 222 sticks at a finger touch. Seals linen or paper packs quickly, *surely*. Peels off clean, leaving no stains or gummy residue. You can even write on it with pencil, ink or typewriter.

SPECIAL INKS in "SCOTCH" Hospital Autoclave Tape No. 222 *can't* be accidentally activated by sunlight, radiator heat or a dry air pocket in a faulty autoclave. Only correct levels of heat AND moisture can make these distinctive markings appear. And you can see them across a room!

SCOTCH BRAND Hospital Tapes

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. . . WHERE RESEARCH IS THE KEY TO TOMORROW

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How To Develop Good Relations Between O.R. and Central Service

By Frances Ginsberg, R.N.

IN BUSINESS, a manufacturer caters to his best customer. The customer, in turn, recognizes his dependence upon and relationship to his supplier. It is usually a happy relationship based on mutual respect and confidence. Since the hospital's central service department is the hospital's "manufacturing plant" for all sterilized and processed materials, and the operating room is its largest single "customer," a similar relationship should be established and maintained between them. If this were so, many problems that arise between them could be easily solved and many more avoided.

Frances Ginsberg

Unfortunately, this is the exception and not the rule in too many hospitals of 50 beds or more where the two departments are usually separate. Jealousies and hostilities spring up and grow over such trivial questions as which department is the more important, who has the right to give orders to whom, and other relatively petty issues.

Both departments are important. Both have separate and distinct responsibilities. Both are equally necessary to the work of the hospital. Each deserves, and must have, the respect of the other if they are to accomplish their primary function of providing the hospital with the skills, materials and services necessary to care for patients.

As the size of the hospital increases over the 50 bed mark, the responsibilities of each department increases. There are several healthy and practical ways to ensure not only that these responsibilities are fulfilled but that problems are avoided.

Because the operating room activities involve mainly professional personnel dealing directly with the surgeons and patients they should come under the operating room supervisor. She, in turn, should be directly responsible to the director of nursing service. On the other hand, central service, involved as it is in a supply capacity with technical skills being carried out by nonprofessional people, should be under the direction of a qualified professional nurse or a competent nonprofessional who, in turn, should be responsible to administration.

This divided responsibility not only achieves a high degree of effectiveness, but avoids possible friction based on the problems mentioned earlier. Basically, it creates a healthy atmosphere by making administration a sort of third party between a primarily nursing function and a quasi-nursing function.

There should be no break in the relationship between these two services any more than there should be between housekeeping and dietary or between medicine and surgery or, to carry out the original analogy, between the manufacturer and the consumer or their representatives.

If we can remind those involved in such potentially explosive relationships fraught with "administrative eczema" – the itch for power – that service to the patient is the primary function of the hospital and all the services of the hospital, such difficult relationships would be nonexistent. ■

Miss Ginsberg is a consultant on operating room nursing and hospital aseptic technics and a member of the Bingham Associates Program at Boston's New England Center Hospital.

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Classifying Surgery as Major or Minor Is a Dangerous Practice

By Robert S. Myers, M.D.

ALL surgery should be considered to be of major significance and the classifications of "intermediate" and "minor" surgery should be abolished. The reasons for this is that all surgical procedures require judgment as well as technical proficiency, and such qualifications do not come in "intermediate" or "minor" quantities.

Dr. Robert S. Myers

The folly of establishing inferior categories of surgical privileges is well illustrated by the definitions of classification of privileges advocated by the American College of Surgeons many years ago when it conducted the program of hospital standardization. Here are the definitions:

"**Major privileges** will allow the physician to treat patients when, for any cause, such treatment involves a serious hazard to the life of the patient.

"**Intermediate privileges** will allow the physician to treat patients when, for any cause, such treatment does not involve a serious hazard to the life of the patient but does involve a danger of disability.

"**Minor privileges** will allow the physician to treat patients when, for any cause, such treatment does not involve either a serious hazard to the life of the patient or a danger of disability."

Obviously, these definitions are based on sheer guesswork that a specific operation will, or will not, cause (1) a serious hazard to life or (2) a danger of disability. But who can foretell these things with any assurance whatsoever? What about the innocent-appearing mole of the leg (frequently considered "minor") which proves, on excision, to be a malignant melanoma? An inadequate operation here can hasten death from metastases. What about the complete fracture of the fifth metacarpal bone of the hand (also frequently held in light regard) which is improperly set? Resulting deformity in which the fifth finger flexes into the palm beneath the fourth finger is not a "minor" deformity to the working man. What about the varicose veins of the leg which usually are classified as "minor"? Alarming hemorrhage may occur if the ligature slips from the stump of the saphenous vein where it joins the femoral.

There are many other factors which further invalidate an exact and constant definition of what is "intermediate" or "minor." In particular, the condition of the individual patient at the time of operation is of the utmost importance. The patient with serious cardiac disease or severe diabetes is a far different risk than a patient without these complicating conditions, no matter the surgery contemplated.

In the interest of the welfare and safety of the patient, surgical privileges should be granted upon the basis of training, experience and demonstrated competence of the physician; and the surgeon should be qualified to deal properly with any condition that may arise in his field of practice. It is for this reason that "intermediate" and "minor" surgery should be abolished as classifications of surgery.

My feeling about this subject is best illustrated by a conversation I once heard in an outpatient clinic between a determined old lady and her daughter, who was trying to persuade her mother to undergo a "minor" operation. The debate ended when the mother asserted: "On you it's minor; on me it's major." ■

WHEN A TIME-TESTED PRODUCT GETS A NEW, TIME-SAVING PACKAGE...

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Conducted by Mary P. Huddleson

Fruit Gives a Party Flavor to Holiday Meals

Ilma Lucas Dolan

ROAST DUCK WITH HOLIDAY RAISIN STUFFING

HOLIDAY RAISIN STUFFING (FOR ROAST DUCK)
(Makes about 2 quarts — about 12 servings)

Ingredients	Amount
Raisins, light or dark	1½ cups
Rice, cooked	1½ quarts
Orange rind, grated	2 tbsp.
Salt	2 tsp.
Onion, chopped dried	¼ cup
Butter or margarine	1/3 cup
Apple, peeled and grated	3 cups
Cardamom, powdered	½ to 1½ tsp.

Rinse and drain raisins. Combine with rice, orange rind, salt, onion, butter and apple; mix lightly. Add cardamom to taste. Turn into a greased baking pan, cover and bake in a moderate oven (350 degrees F.) for about 1 hour. Serve with roast duck.

HOLIDAY menus should never be dull and they need not be. In the hospital, perhaps more than any place else, it is important to make holiday meals appealing and enjoyable to raise the morale of patients. The hospital that puts special emphasis on food, serves attractive extras, and introduces special menu variations at Yuletime is the hospital that gets enthusiastic acclaim.

Perhaps some of the following holiday menu suggestions may appeal to dietitians and hospital administrators, as well as to patients.

Breakfasts, perhaps the most routine of all meals, become especially interesting when cereal, hot or cold, is crowned with slices of canned cling peaches. Brown sugar or honey as a sweetener is a treat.

Should hot cakes be permitted, a sauce of canned fruit cocktail can be used to replace time-worn sirups. The cocktail sirup slightly thickened and gently spiced adds to eating enjoyment.

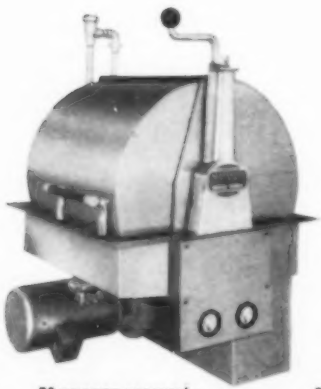
Chilled whole fruit apricot nectar — made from liquefied whole apricots — is a breakfast starter that is more than welcome to patients, who enjoy a different beverage for a change.

Hot breads make many people happy. Cranberry and raisin muffins are Christmasy and a wonderful flavor combination.

Dinners should include a small "starter" serving to whet indifferent appetites. Chilled fruit cocktail accented with melon balls or avocado slices is enticing, and good looking, too.

Roast duckling with a rice and raisin stuffing; kabobs of luncheon meat, boiled onions, bacon and a

If You Serve 50 to 200 Persons Per Meal...



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50 to 100 persons per meal—
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75 to 200
persons per meal—
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A SPACE SAVER—Easily installed even in the most crowded kitchens. Let the Blakeslee representative help you develop the best layout for your particular dishwashing problem.

A MONEY SAVER—These Blakeslee Dishwashers reduce labor costs, dish breakage and detergent costs. Stainless steel and ni-resist parts last longer and motors and pumps are placed below the tank, away from gas burners for cooler operation to reduce repairs and maintenance.

To learn how the many Blakeslee Differences can benefit you, write or call for a Blakeslee Representative. If you wish, he'll assist you with *free* kitchen planning or remodeling help.

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RAISIN RUM SAUCE

(Makes about 4½ cups sauce)

Ingredients	Amount
Raisins, light or dark	1 cup
Orange juice	3 cups
Salt	¾ tsp.
Lemon juice, fresh	1/3 cup
Cornstarch	3 tbsp.
Sugar	1½ cups
Grated orange rind	1 tbsp.
Butter or margarine	3 tbsp.
Rum or rum extract	To taste

Rinse and drain raisins. Combine with orange juice, salt and lemon juice. Bring to boil and simmer 5 minutes. Blend cornstarch and sugar; stir into raisin sauce along wih orange rind and butter. Simmer a few minutes longer to thicken. Remove from heat; add rum or rum extract to taste. Serve warm over slices of fruit cake.

SUPPER SANDWICH

Ingredients

Buttered toast
Sliced turkey, chicken or ham
Calavo avocado slices
Crisp bacon
Hot cheese sauce
Crisp lettuce
Ripe olives
Spiced peach

Arrange buttered toast on plate. Cover with sliced turkey, chicken or ham. Top with avocado slices and crisp bacon. Serve with hot cheese sauce. Garnish plate with crisp lettuce, ripe olives and a spiced peach.

canned cling peach half, or baked ham with a sherry sauce are possible menu innovations.

Sweet potatoes are synonymous with holidays. Candied sweet potatoes with dried apricots, mashed ones baked in orange shells and garnished with chopped almonds, yams baked with the skin on are all good variations.

Green beans mandarin can convert the most determined nonsalad eaters. Canned stringless blue lake beans are combined with mandarin orange segments. Liquid from the beans, sirup from the oranges, wine vinegar, salad oil, and minced onion make a flavorful marinade. The beans and oranges offer attractive salad refreshment.

Desserts are an important part of holiday meals. Everyone is inclined to break the rules at least a little and enjoy calories. Light or dark fruit cakes, steamed puddings, fresh date tortes, and mincemeat tarts are favorites. When fruit cakes become a little dry, they can be made a gourmet's delight served with a hot brandy, rum or sherry sauce.

Suppers are sometimes problem children. It's difficult to arrive at a happy balance of well chosen food, not too much, not too little.

Soups fall into the supper pattern nicely but not just ordinary soups. Give them a holiday dress. Creamed tomato soup with float wedges of ripe olives, pea soup topped with flecks of pimiento, or cream of avocado soup with slivers of toasted almonds are examples of soups with a festive air.

Supper size salads please patients. Chicken or turkey salad with sliced ripe olives, avocado half shell filled with tomato aspic or seasonal fresh fruits, cling peach halves filled with ham salad or cottage cheese are good choices. Dressings served separately give a nice touch.

Hot open-faced sandwiches are good supper preparations, when they are made interesting, such as a slice of toast topped with slices of turkey and avocado, garnished with bacon strips and served with a hot cheese sauce delicately seasoned with minced onion, or broiled cubed steaks served on toast with a tomato cheese sauce.

Evening desserts may be of a lighter nature. Cranberry sherbet is tart and colorful, frozen rum pudding with bits of citron and toasted almonds gets patient approval as does vanilla ice cream served with gaily decorated Christmas cookies. ■

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The Ident-A-Band bears your hospital name, and the insert card has space for all the information you may want to include. The non-irritating, skin-soft band assures patients that you are thinking of their comfort as well as their safety. In addition to its original positive seal, Ident-A-Band now offers two new finger-pressure seals, thus meeting every need of every department. Write for samples, prices and complete information.

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LUBBOCK, TEXAS

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This Certifies that
was born to
in this Hospital at o'clock, m. on
the day of 19
In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officer, and its Official Seal to be hereunto affixed.

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AT CHICAGO WESLEY MEMORIAL—

12 SCOTSMAN ICE MACHINES

Save Steps, Save Labor, Cut Costs!

Nurse aide easily scoops out flaked ice from waist high bin of Scotsman Super Flaker ice machine. Note compact size.

Almost every floor at Chicago Wesley Memorial Hospital is equipped with a modern Scotsman ice machine!

In this up-to-date 700 bed hospital, 12 Scotsman ice machines solve many problems. Formerly, the hospital had its own central "ice house" where ice was frozen and shaved. Now Scotsman Flakers and Cubers provide a dependable "every floor" source for crystal clear, pure ice. There is no danger of contamination—ice does not have to be touched by hand! Waste of ice supplies is virtually eliminated and savings are "appreciable," officials say.

From 11 diet kitchens on patient floors, Scotsman Super Flakers provide ice around the clock. Ice is used constantly for ice packs, body swellings and the patient's general comfort. Beverages are chilled and fruits and salads are bedded in ice. An additional Scotsman Super Cuber provides big, round, ice cubes as required.

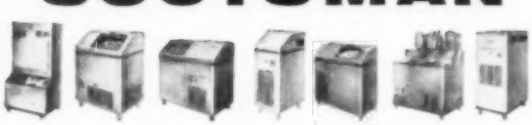
Scotsman ice machines have earned the approval of Wesley officials and many other hospitals executives as a dependable source of pure ice that costs as little as 8¢ a hundred pounds. If you use ice in quantity, you need Scotsman ice machines.

Clean, pure Scotsman ice is always available for use in ice bags and for other patient needs at Chicago Wesley Memorial Hospital.

Scotsman Super Cubes efficiently chill milk cartons in the hospital cafeteria. Cubes are big, round, solid for long cooling.

A bed of Scotsman Super Flakes keeps salads crisp, cold, attractive in the Chicago Wesley Memorial hospital cafeteria.

SCOTSMAN



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Forms Chart the Way to Efficient Service

Silvia J. Levie

WITH central tray service the mechanics of writing individual modified menus becomes a time consuming task. Too often the dietitian's time needed for patient-doctor consultation is spent at the desk writing modified diets.

Several years ago, the dietary staff at The Jewish Hospital, Cincinnati, reexamined the procedures of writing the individual modified menus and they came up with some surprising facts. They were spending hours doing the mechanics of writing and not enough time teaching the patient. We found that by modifying the weekly master menu and then having these items reproduced on a daily menu form, we could still fit the menu to the individual patient's likes and dislikes and not have to take so much time with the mechanics of writing. Variations of food items are written in as needed on an individual basis. The therapeutic dietitian then circles the foods required. The patient keeps the menu and learns daily from the dietitian's instructions how to interpret her diet lists of "foods allowed" and "foods not allowed."

In addition, the staff reviewed other modified diets which by their nature are restricted in principle. These diets were printed with the limited items specified, giving the patient consideration for his individual likes and dislikes and permitting the dietitian to make substitutions and changes in variety. The modified diets printed in this way and approved by the dietary committee of the medical staff were: nonresidue, early Meulengracht, third-day Meulengracht, Sippy routine, and gastroenterostomy routine.

This method has been of great help to the dietitian because it lets her spend more time teaching the patients and she can use the menu as a teaching device for the student nurse.

Wherever possible, the office secretaries are doing the mechanical work for the dietitians.

The forms show how they can be used for reduction, various amounts of salt calculation, fat free, low fat, low residue diets.

We have found this type of form most helpful and time saving. ■

Miss Levie is director of dietetics, Jewish Hospital, Cincinnati.

SAMPLE MENU FORM USED AT THE JEWISH HOSPITAL, CINCINNATI

BREAKFAST

Name Jones — Ward or Room 202
Diet Fat Free — Date Aug. 13

FOOD

Fruit W.F. Puree (WF APPLESAUCE)
Cereal S.F.F.F. Str. (CORNFLAKES)
HOT WHOLE WHEAT CEREAL
Eggs S.F.F.F. Scrambled Eggs

Bread S.F. W.W. (White) Rye
Butter Sweet (Jelly)

Milk—1 Glass Lonolac (Skim)
Cream

Beverage—(Coffee) Tea Postum Sanka
Servings (Large) Small

10 A.M. Room No. 202

Name Jones
Fruit Juice
Graham Crackers
Jelly

DINNER

Name Jones — Ward or Room 202
Diet Fat Free — Date Aug. 13

FOOD

Broth S.F.F.F. Str.
S.F.F.F. CREAM SOUP - STR.
Meat S.F.F.F. Minced (BAKED STEAK & VEG)
Vegetables S.F.F.F. (BAKED POTATO)
S.F.F.F. Puree (ASPARAGUS)

Salad SF (TOSSED SALAD)
S.F.F.F. Dress.
Bread S.F. W.W. (White) Rye
Butter Sweet (Jelly)
Cream LON. VANILLA ICE CREAM
Dessert WP PUR (CHERRIES) S.F. Ice

Beverage—Coffee (Tea) Postum Sanka
(Milk) Skim Lonolac
Large Small

3 P.M. Room No. 202

Name Jones
Fruit Juice
Graham Crackers
Jelly

SUPPER

Name Jones — Ward or Room 202
Diet Fat Free — Date Aug. 13

FOOD

(Broth) S.F.F.F. Str. CREAM VEG. SOUP
S.F.F.F.
Meat S.F.F.F. Minced (RST. LAMB-JELLY)
Vegetables S.F.F.F. (MASHED POTATOES)
S.F.F.F. Puree BU. (CARROTS)

Salad SLICED TOMATO
S.F.F.F. Dress.
Bread S.F. W.W. (White) Rye
Butter Sweet (Jelly)
Cream
Dessert WP PUR (CANNED FRUIT CUP) GELATIN S.F. Ice

Beverage—Coffee (Tea) Postum Sanka
(Milk) Skim Lonolac
Large Small

8 P.M. Room No. 202

Name Jones
Fruit Juice
Graham Crackers
Jelly

The weekly master menu is reproduced on a daily form with variations to fit patients' needs. The dietitian circles the foods required by each individual patient, who learns from the dietitian how to interpret his diet.

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Here's the perfect water pitcher for sanitary bedside service. It's the Lily* quart-size *disposable* water pitcher. Light in weight when full, never tips when empty. Stainless steel lid-handle unit snaps on, fits snugly over the top of pitcher, protects entire rim and pouring surface. Snaps off easily for sterilization. Lid keeps ice in, pitcher keeps water cold for hours. Space provided on lid for patient and content identification. The Lily disposable water pitcher is available in traditional Lily Green Leaf Design to match Lily Cups. For further information on Lily-Tulip's disposable water pitcher and V.I.P tray, send this coupon.

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VIP Cup Tray protects cups from dust, and when used with pitcher prevents water stains on bedside table. Perfect for hospital visitors, too.

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INSTITUTION _____

STREET _____

CITY _____ ZONE ____ STATE _____

FOOD FOR THOUGHT

How To Thaw a Turkey

So many questions about frozen turkey come to the U. S. Department of Agriculture just before the holidays that a review of those asked most frequently and their answers may be helpful. They include:

1. Is there a free publication in buying and cooking turkey, frozen turkey included? Yes. Single copies of "Turkey on the Table" (F.B.2011) are free on request from the U. S. Department of Agriculture, Washington 25, D.C.

2. Must frozen turkey be thawed before cooking? Large turkeys certainly should be thawed to make sure the thickest part of the meat cooks thoroughly. Also, it is easier to stuff thawed birds, and the stuffing is more certain to be thoroughly cooked when the bird is done. If it is not thawed first, the turkey takes one and a half times as long to cook, and the outside may be overdone and dry before the inside meat is done. Thawed turkeys are cooked just like freshly drawn birds.

3. What is the best way to thaw a frozen turkey? In the refrigerator, loosely covered, but with freezer wrappers off. A large whole bird takes about two days to thaw in the refrigerator; a small bird (or a half, quarter or half breast) takes at least overnight.

4. Is there any faster way to thaw? The speediest way is to place the wrapped bird under running cold water or before an electric fan. Water thawing takes several hours for a large bird. Warm water should never be used and the turkey should not stand in water.

5. Is it safe to let a frozen turkey thaw at room temperature? It is all right for small turkeys or for large turkey parts, if they are cooked promptly afterwards, and if the temperature in the kitchen is not above 70° to 75°F. Complete thawing at room temperature is not recommended for large birds, but they can be thawed partly in the refrigerator and partly in the kitchen.

6. If a turkey is thawed before time to cook it, is it safe to hold it? Yes, in the refrigerator, but it is best not to hold it longer than 24 hours.

Rules for Cooking Cheese

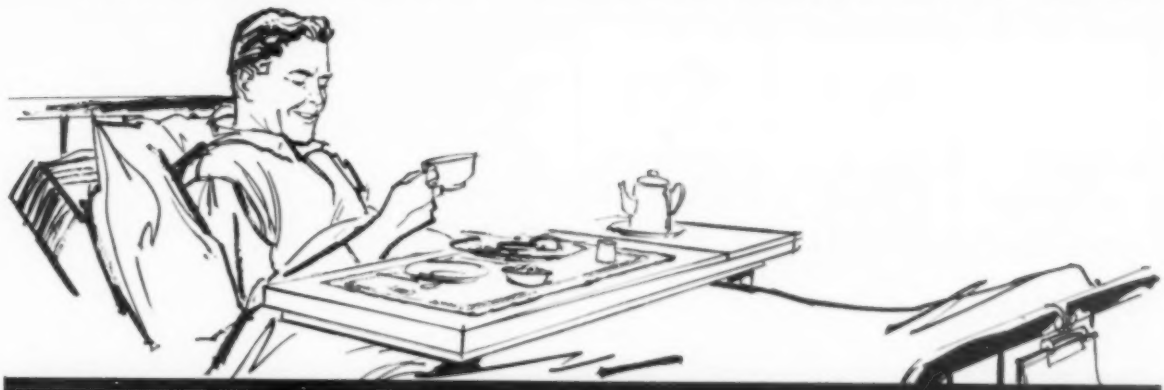
Cheese adds flavor and nutritive value to so many different dishes that it pays to remember three simple rules for best cooking.

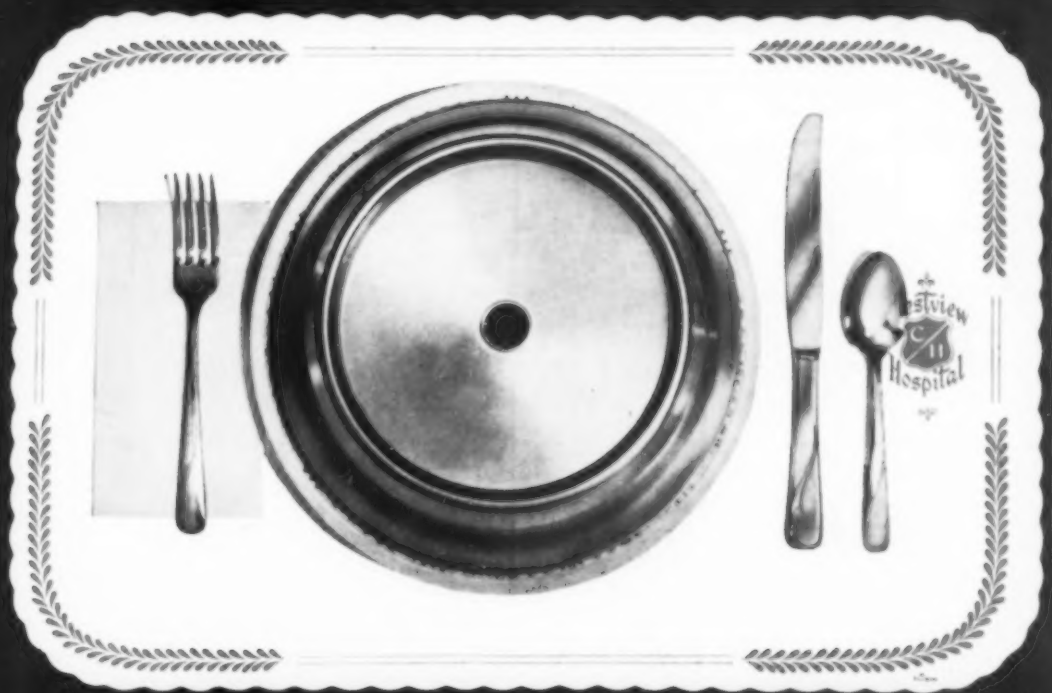
Keep heat low or moderate. Cheese needs only enough heat to melt and blend with other ingredients. High heat or prolonged cooking makes cheese tough, stringy or leathery. Also, too much heat may cause mixtures of cheese, egg and milk to curdle.

Add cheese to other ingredients in very small bits rather than in one large piece. When broken up, cheese spreads more evenly and quickly among other foods, does not form a solid lump of curd when the fat melts, and allows the mixture to cook in a shorter time. Grating is the easiest way to break up hard or dry cheese. Soft cheese may be shaved thin, flaked with a fork, pressed through a sieve, or run through a food chopper.

Blend cheese into a smooth sauce before adding it to other ingredients whenever possible to prevent curdling. A white sauce with cheese melted in it may be poured over cooked vegetables for a scalloped dish, into beaten eggs for Welsh rabbit, or on cooked macaroni or rice before it is baked.

VISUAL VITAMINS





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Menus for December 1959

Eleanor Poe
Dietitian
Baptist Memorial Hospital
Gadsden, Ala.

1 Tangerine Juice Cheese Biscuit, Jelly • Ham Pie Buttered Limas Herb Tomatoes Coleslaw Fresh Fruit Cup • Broiled Cube Steak Baked Potato Green Beans Pear–Cheese Salad Gelatin Cubes, Custard Sauce	**2** Chilled Grapes Scrambled Egg, Ham • Piquant Pork Chop Blackeyed Peas Tossed Vegetable Salad Ambrosia • Roast Beef Sweet Potato Souffle Pimiento Cauliflower Pineapple Salad Plain Cake With Marshmallow Sauce	**3** Cherry Juice Bacon • Meat Loaf Whipped Potatoes Mixed Greens Cucumber Relish Bread Pudding With Lemon Sauce • Fried Chicken Steamed Rice, Gravy Baked Squash Glazed Apple–Cottage Cheese Salad Ice Cream	**4** Grapefruit Half Scrambled Egg • Shrimp Creole on Rice Buttered Hominy Eggplant Casserole Lettuce Salad Apple Dumpling • Egg and Noodle Treat Buttered Beets Combination Fruit Salad Raised Doughnut	**5** Blended Citrus Juice Bacon • Braised Beef Baked Beans Pimiento Squash Cottage Cheese Salad Prune Whip • Baked Ham Buttered Grits Stewed Apricots Tossed Vegetable Salad Floating Island	**6** Banana Scrambled Egg • Fried Chicken Honey Glazed Yams Green Beans Asheville Salad Ice Cream • Roast Beef Buttered Noodles English Peas Grapefruit Salad Oatmeal Cookie
7 Apple Juice Toast, Jelly • Roast Veal Mashed Potatoes Blackeyed Peas Slaw Cherry Cobbler • Ham a la King on Parsley Rice Cauliflower Peach–Cottage Cheese Salad Ice Cream	**8** Applesauce Bacon • Broiled Liver Stewed Irish Potatoes Collard Greens Sunset Salad Ice Cream • Milk Baked Chicken Buttered Grits Stewed Prunes Asparagus Salad Gelatin Whip	**9** Grapefruit Juice Scrambled Egg, Ham • Braised Beef Short Ribs Oven Browned Potatoes Eggplant Stacks Tossed Vegetable Salad Yeast Doughnuts • Meat Sauce on Spaghetti Turnip Greens Mixed Fruit Salad Cupcake	**10** Tangerine Sausage • Barbecue Diced Pork on Yellow Rice Seven-Minute Cabbage Lettuce With 1000 Island Dressing Blackberry Cobbler • Breaded Veal Cutlet Whipped Potatoes Carrot Rings Pineapple Salad Ice Cream	**11** Tomato Juice Buttered Grits • Fish Sticks Corn Pudding Lyonnaise Beets Cucumber Relish Butterscotch Pudding • Macaroni and Cheese Creamed Peas Sweet-Sour Slaw Grapefruit Half	**12** Fresh Pineapple Scrambled Egg • Chopped Sirloin Steak Creamed Rice Mashed Rutabagas Green Salad Ambrosia • Grilled Cube Steak Mashed Potatoes Broccoli Tomato Cup Baked Apple
13 Prune Juice Toast, Jelly • Fried Chicken, Gravy Mashed Potatoes English Peas Sunset Salad Ice Cream • Tuna-Noodle Casserole Buttered Cauliflower Peach Salad Chocolate Chip Cookie	**14** Grapes Bacon, Toast • Ham Loaf Honey Glazed Yams Baked Eggplant Lettuce Salad Rice Pudding • Roast Veal, Dressing Collard Greens Cranberry Relish Ice Cream	**15** Cherry Juice Sausage • Corned Beef Brisket Stewed Potatoes Seven-Minute Cabbage Waldorf Salad Boston Cream Pie • Macaroni Republic Fried Okra Green Salad Ambrosia	**16** Banana Scrambled Egg • Swedish Meat Balls Baked Beans Stewed Prunes Tossed Vegetable Salad Ice Cream • Fried Chicken Snowflake Potatoes Carrots Julienne Peach Salad Baked Custard	**17** Orange Juice Bacon • Baked Pork Chops Hominy O'Brien Green Beans Congealed Cranberry Salad Gingerbread, Sauce • Broiled Liver Baked Potato Spanish Squash Sweet-Sour Slaw Mixed Fruit Compote	**18** Stewed Peaches Scrambled Egg • Deviled Salmon Browned Potatoes Mixed Greens Cottage Creese Salad Fruit Cobbler • Cream Soup Scrambled Eggs Buttered Grits Congealed Fruit Salad Cupcake
19 Blended Juice Toast, Jelly • Beef Stew on Tiny Potatoes, Onions Rutabagas Grapefruit Salad Gelatin Whip • Roast Lamb Duchess Potatoes Buttered Spinach Tomato Cup Fruit Cup	**20** Pineapple Juice Scrambled Egg • Roast Beef Grated Yam Pudding Pimiento Cauliflower Celery, Olive, Pickle Ice Cream • Creamed Tomato Soup Egg Salad Potato Sticks Glazed Apple Salad Butterscotch Pudding	**21** Grapefruit Juice Toast, Jelly • Smothered Liver Lyonnaise Potatoes Fried Okra Tomato Salad Apple Cobbler • Barbecued Weiners Stewed Corn Baked Squash Carolina Salad Gelatin, Cookies	**22** Grapes Bacon • Baked Ham Buttered Hominy Seven-Minute Cabbage Cucumber Relish Fruit Cup • Cube Steak Stewed Potatoes Asparagus Casserole Lettuce Salad Ice Cream	**23** Stewed Prunes Scrambled Egg • Meat Loaf Lima Beans Turnip Greens Carrot-Raisin Salad Gelatin • Shrimp Creole on Rice Combination Salad Diced Pears Gingersnaps	**24** Cranberry Juice Sausage • Baked Hash With Diced Potatoes Herb Tomatoes Green Salad Apricot Tapioca • Braised Sweetbreads on Toast English Peas Black Cherry Salad Ambrosia
25 Tomato Juice Cinnamon Roll • Frosted Fruit Cocktail Roast Turkey Chestnut Dressing, Gravy Green Beans, Onions Assorted Relishes Plum Pudding • Tomato Cup Broiled Ham Slice Buttered Grits Asparagus Casserole Orange Nut Cake	**26** Orange Juice Scrambled Egg, Cheese • Fish Sticks Parslied Potatoes Rutabagas Coleslaw Grapefruit Half • Turkey and Rice Creole Eggplant Cottage Cheese Salad Fudge Fingers	**27** Banana Bacon • Fried Chicken Rice, Gravy Peas and Carrots Lettuce Salad Ice Cream • Egg a la King on Toast Cinnamon Prunes Asparagus Salad Gelatin Whip	**28** Tangerine Toast, Jelly • Chicken and Dumplings Collard Greens Waldorf Salad Pineapple Upsidedown Cake • Breaded Veal Cutlet Baked Potato Julienne Carrots Asheville Salad Ice Cream	**29** Vegetable Juice Scrambled Egg • Grilled Ham Sweet Potato Puff Green Beans Tossed Salad Bread Pudding With Grape Sauce • Broiled Liver, Rice Diced Rutabagas Lettuce Salad Ambrosia	**30** Pineapple Juice Canadian Bacon • Baked Corn Beef Hash Diced Potatoes Spanish Squash Vegetable Salad Baked Ginger Pears • Cream Soup Macaroni and Cheese Asparagus Salad Baked Apple
31 Scrambled Egg, Sausage • Roast Veal, Creamed Rice, Buttered Spinach, Banana Nut Salad, Ice Cream • Broiled Pork Chop, Corn Pudding, English Peas, Waldorf Salad, Floating Island.					

Ready-to-eat or cooked cereals served on all breakfast menus.

High Temperature Hot Water System Offers One Practical Method of Heat Distribution

W. J. Van Meter

HIGH temperature hot water, as a medium for the distribution of heat energy in the hospital, offers many sound advantages in economy and reliability. Any planning for new hospital construction, for the addition of facilities, or for the renovation of existing structures should include consideration of the possible gains to the institution through employment of this medium.

Hospital engineers have been thinking in terms of steam for so many years that they instinctively begin to wrestle with the problem of steam main location when plans for new construction reach the talking stage.

Needs Careful Consideration

This is often one of the thorniest problems connected with the extension or expansion of facilities. The proper grading of steam lines, the trapping of condensate, provisions for condensate return, and the matter of ready access to critical points of the lines, all must be given most careful consideration during the planning stage of a project. Just getting the steam from the point of generation to the points of utilization is often a major area of investment and maintenance.

High temperature hot water is now quite well established as a proven and available alternative to steam in virtually all locations and situations. In many cases it offers equal or superior service combined with significant economies for the user. Failure to give careful consideration to the utilization of H.T.H.W. when making preliminary plans for facilities may deny the hospital substantial advantages in plant costs and subsequent operating expenses.

H.T.H.W. systems first became a practical reality about 35 years ago. Developed in Germany, the concept gained wide recognition in Europe in the 1930's and is now used extensively there in industry, in institutions, and in central plant heating. It is only since 1945 that H.T.H.W. has been recognized and used to any appreciable extent in the United States.

An outstanding example of the acceptance of the idea in this country is the recognition it has received from the U. S. Air Force, where its utilization is a matter of policy in installations in certain classifications. The new U. S. Air Force Academy, near Colorado Springs, Colo., is an excellent example of hospital, as well as academic, quarters and service structures designed for service by H.T.H.W. from central plant facilities.

The high temperature hot water system of heat distribution is essentially simple. In it, a boiler is fired with any conventional fuel. From the boiler, water at a temperature 350°F. (and at a corresponding pressure, associated with the temperature) is pumped through flow and return line piping that loops the area containing the buildings to be served. The return continuously feeds directly into the boiler, where it is reheated to the design flow line temperature. Circulation is continuous. Pressure differences within the closed loop are not of primary significance, as they are only incidental to the flow of the medium. The pumping effort is expended in overcoming the friction of the water moving through the lines. The "suction pressure" at the circulating pump is essentially full boiler pressure.

No Makeup Feed Required

While a state of equilibrium in the system is maintained, the water level in the expansion drum (steam drum in a single boiler) remains steady. The outflow through the pump into the primary system is exactly matched by the return flow into the boiler. In normal operation, water never leaves the primary system. Consequently, no makeup feed is required.

At selected locations in the hospital buildings the controlled flow of water from the supply line through heat exchangers and into the return line permits heat in necessary quantities to be absorbed by secondary systems. The secondary systems in turn deliver heat to areas of use where it is utilized in a conventional manner.

Only the coils of the H.T.H.W. heat exchangers are subjected to the pressures and temperatures associated with the primary H.T.H.W., for they alone carry the primary water. Shell temperatures and pressures, which are characteristics of the secondary systems, will depend on the nature and

Mr. Van Meter is a consulting engineer, Phoenix, Ariz.

This is the first section of Mr. Van Meter's article on the high temperature hot water system. The second part will be presented in the December issue of The Modern Hospital.

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No switches to set for fast or slow — pressure of hand on clutch lever adjusts speed (up to 180 lineal fpm). Variable brush pressure to meet specific needs.

A compact battery charger is included with each unit as standard equipment. Batteries can be charged on the machine or rolled out on a charger bench.

For consultation or literature, phone or write nearest *Finnell Branch* or Finnell System, Inc., 1411 East Street, Elkhart, Indiana. Branch Offices in all principal cities of the United States and Canada.

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function of those systems. In general they will be low.

Primary water does not enter into the secondary systems. Its only function is to transfer heat energy to such systems in quantities sufficient to maintain desired conditions within the secondaries. When no transfer of heat energy is indicated, the controls for the heat exchanger will close off the flow through the primary coil. Subsequent demand will reestablish flow.

Absorption of heat by the secondary system is reflected in the depressed temperature of the primary water discharging from the coil to the return line, in the increased flow through the coil, or by a combination of the two effects. The boiler firing rate is primarily controlled to maintain the demanded flow line temperature. The rate will be a function of rate of flow and the difference between flow temperature and return temperature.

It is convenient to consider the H.T.H.W. system as somewhat analogous to a high tension electric transmission system, in which the heat exchangers may be likened to voltage transformers. Under ordinary circumstances, direct use of electric current at potentials measured in the thousands of volts commonly employed in transmission lines is not practiced. Electric power is commonly brought close to the point of use at high voltage, where it is reduced to a magnitude appropriate to the equipment employed. There are, of course, two highly important reasons for this procedure: Line losses are lower, and conductors are less costly when electrical energy is transmitted at higher voltage.

In these respects the analogy between H.T.H.W. systems and high voltage transmission is strikingly apparent. Piping for the H.T.H.W. system, compared with that for a steam system of equal heat carrying capacity, is substantially lower in cost. With comparable insulation for the two systems, the thermal losses from the H.T.H.W. system will be lower than those from the steam system. Figure 1 (below) shows pipe sizes required for H.T.H.W. and steam distribution piping of equivalent capacities in heat transmission.

Water entering the flow line of the H.T.H.W. system may be maintained at any desired temperature within a practicable range. Boiler controls act primarily to maintain the selected flow line temperature, which will generally be within the range of 325°F. to 385° F. Pressure through the primary system, which includes the boiler, flow and return lines, heat exchanger coils, and expansion tank (if installed) will be substantially that of saturated steam at flow line temperature. The exact pressure at any point within the system will be influenced by the rate of movement of water within the system as it is circulated by the pumping units.

As the coils of the heat exchangers used in the H.T.H.W. system carry primary water, they must be designed to carry safely the highest anticipated primary system pressure. However, the shells and other secondary elements of the heat exchangers, as well as all other components of the secondary systems such as piping, valves, convectors, storage tanks, and similar items, are designed for calculated secondary system temperatures and pressures. These will often be quite low, and generally will be the same as those encountered where steam is the heat transfer agent.

With a well designed layout of the primary loop, and a carefully planned arrangement of equipment rooms for the location of heat exchangers, the entire hospital can be served with the required heat energy from the boiler room with a minimum of secondary system piping.

Secondary systems served by primary H.T.H.W. may be designed to serve the following needs:

1. Hot Water
   For domestic use
   For convectors and other space heating use
2. Hot Air
   For space heating
3. Steam
   For kitchen use
   For sterilizing
   For laundry
4. Other

The majority of hospitals, especially those not classified as small, have definite requirements for what might be termed "process steam." Laundry, sterilization and food service are areas in which steam is considered essential because the "wetness" and pressure, as well as temperature, are necessary factors in the processes employed. For these essential services, the H.T.H.W. system can generally be designed to provide for adequate steam production near the points of use by means of "fireless boiler" heat exchangers. Such steam producers require neither fuel nor air supply, nor are they classed as boilers within the meaning of boiler codes. They can be readily shut down at the beginning of a period of no demand, and as readily reacti-

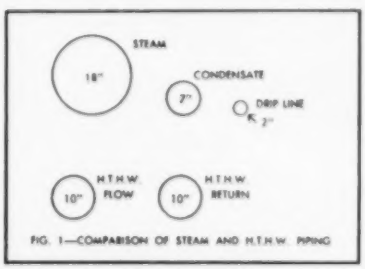

FIG. 1—COMPARISON OF STEAM AND H.T.H.W. PIPING

Fig. 1 (left) compares piping sizes for steam and high temperature hot water systems. Fig. 2 (below) shows the elements of an H.T.H.W. system.

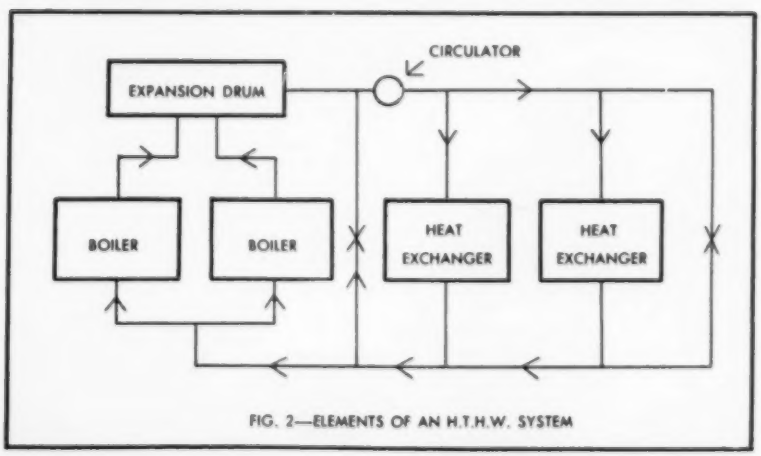

FIG. 2—ELEMENTS OF AN H.T.H.W. SYSTEM

PIX reduces

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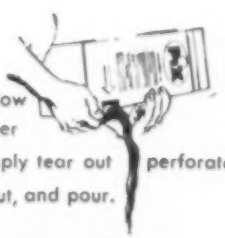

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vated when service is again required. Units serving kitchen and laundry may be shut down at night, and any unit serving laundry equipment alone may be taken off the line over the week end. Heat exchangers serving sterilizers with steam will probably be in service continuously unless means are provided for minimum nighttime or other off-hour sterilization by electric-steam or gas-steam units.

There are three prime considerations to be recognized in planning for the use of steam in a hospital primarily served by H.T.H.W. They are:

1. Use steam only where it is essential to the process.
2. Design for a practicable minimum of steam piping.
3. Design for maximum practicable shutdown time of steam producers.

By far the largest portion of heat distribution in the majority of hospitals is for space heating. With essential steam services localized and reduced to a minimum, the higher thermal losses and maintenance costs of steam distribution are likewise reduced.

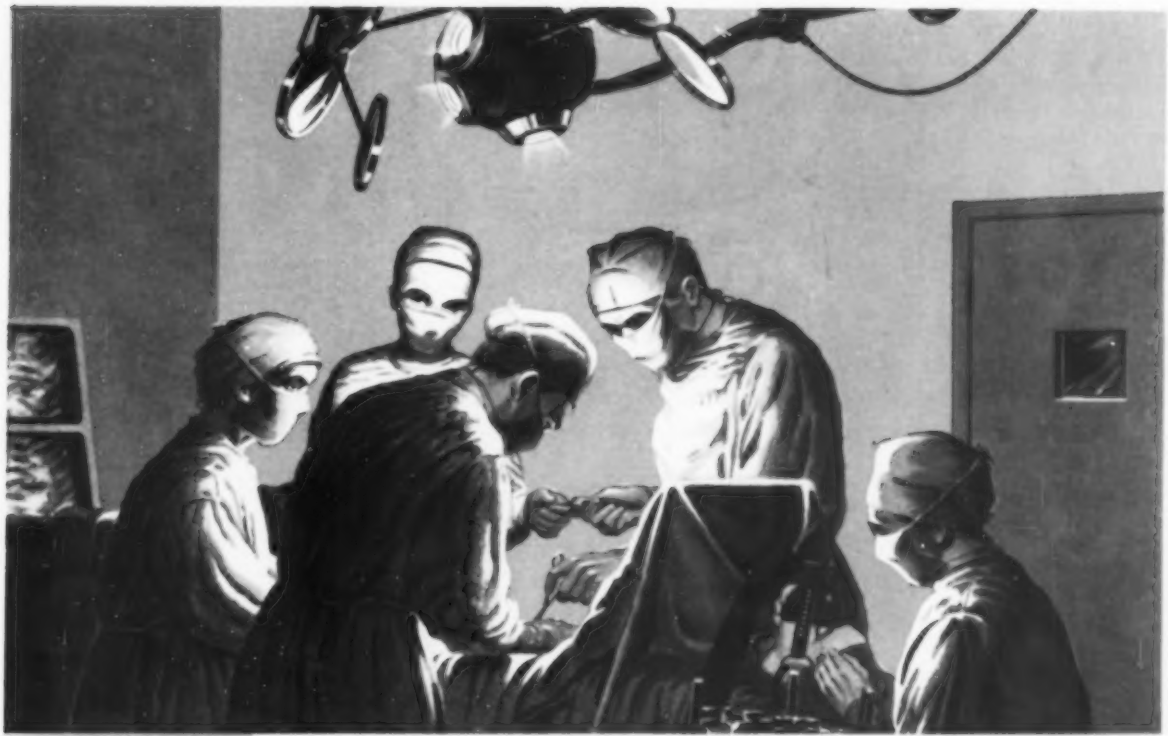
There are several ways in which the steam requirements of a hospital may be met when H.T.H.W. is the sole or major medium of distributing the heat energy derived from the combustion of primary fuel. The "fireless boiler" heat exchanger employing H.T.H.W. in the production of steam for special needs has already been discussed. Such units can often be employed to serve multiple types of equipment according to the general arrangement of departments within the hospital.

More specialized are units such as electric-steam vegetable steamers, gas-steam sterilizers, and distillation equipment which produce steam for their individual requirements by means of self-contained electric or gas elements, and thus obviate the need for external sources of steam. Equipment of this sort is particularly appropriate for remote or isolated sterilizer locations where the use of a few such pieces may eliminate the need for the installation of long steam lines.

In situations where steam from a fired boiler is considered essential, and yet where the advantages of H.T.H.W. for heat distribution to the extent practicable are desired, two solutions are available.

A small conventional steam boiler may be incorporated in the hospital plant to serve one or more specific needs, such as laundry, kitchen and sterilization. If it is required for laundry service only, such a boiler could possibly be shut down for as much as a hundred hours or more each week. In sterilizer service the hours of availability would be much greater. However, the installation of one or more self-contained sterilizer units could permit a higher proportion of shutdown time for the main steam source for sterilizer service.

A second solution is one in which steam is available from conventional main boilers in the hospital's fireroom. Steam as required is drawn from the steam line just as would be the case with no H.T.H.W. being employed. The remainder of the boiler steam production would be used to make H.T.H.W., at essentially boiler pressure and temperature, in cascade heaters. These units would ideally be located adjacent to the boilers. In them boiler steam is mixed with H.T.H.W. system water in sufficient quantity to maintain desired flow line temperature in the primary H.T.H.W. system, which is supplied by continuous pumping from the cascade through the loop and back to the boiler house. (*Cont. on Page* 142)



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(*Continued From Page* 140)

Consider the hospital which has a steam plant of modern design and ample size. Suppose this hospital is planning an additional building for expanded hospital services to be located a half mile or more from the boiler plant. Consideration may be given to building a small boiler plant into the new structure to circumvent the construction of an expensive steam tunnel. But as law or policy will require 24 hour attendance in such a plant, it is decided that the main steam plant must serve the new building. Adequate capacity for the combined loads of all buildings, both old and new, is available in the present boiler installation. The administrator and the engineer are both interested in the application of H.T.H.W. for heat distribution to and within the new structure. How can this be best achieved in view of the particular situation described?

It would be possible to install an H.T.H.W. boiler in the existing steam plant. Duties of the present fire room force could be extended to include operation of the new equipment. However, prudence would require the installation of two such boilers so that adequate standby capacity would always be available. The addition of two boilers (or even one) when the existing steam plant has ample capacity would perhaps be difficult to justify, and certainly would tend to negate the economies to be gained by the employment of H.T.H.W. The condition of the existing hospital buildings and steam plant will not sanction converting the entire institution to H. T.H.W. at this time.

The cascade heater provides the answer for the situation just described.

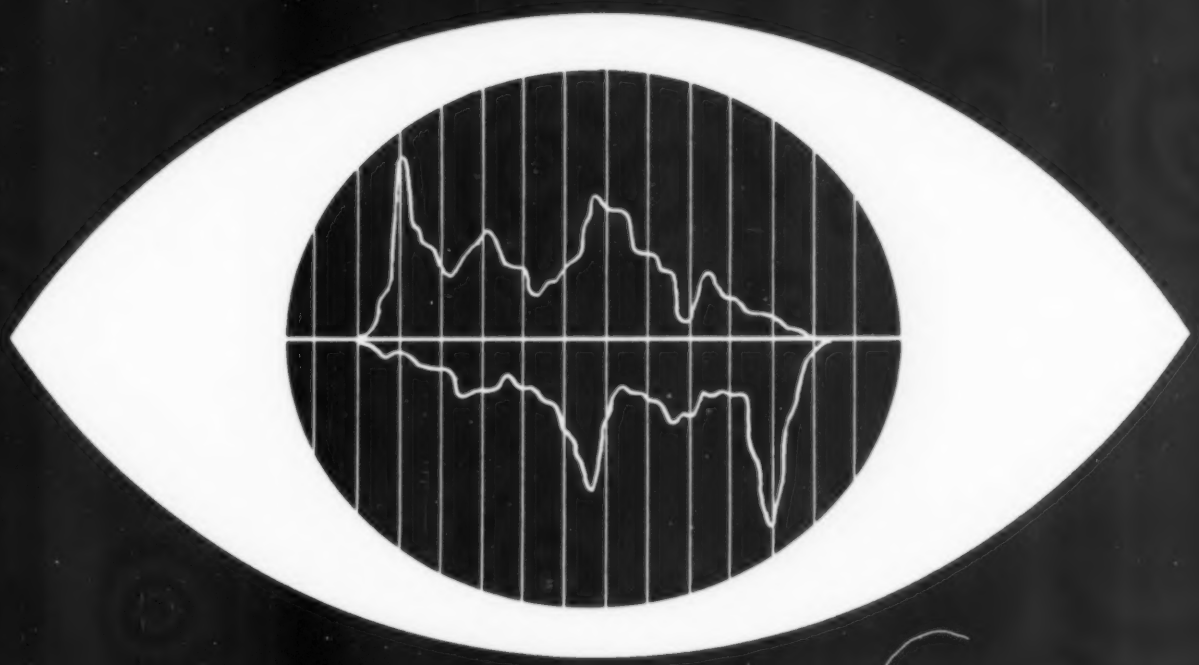
The pressure in the cascade heater is generally but a fraction of a pound lower than the pressure in the boiler that supplies it with steam. The temperature of the effluent from the cascade is nearly that of saturated steam at boiler pressure. External to the boiler house, the H.T.H.W. system served by steam boiler and cascade is just the same as that served by specially designed H.T.H.W. boilers.

Unlike the straight H.T.H.W. system, the water in the cascade H.T.H.W. system tends to grow in quantity. This is so because boiler steam introduced into the cascade to reheat the water condenses there and adds its bulk to that of the water returned from the system loop. Consequently, a portion of the return water from the H.T.H.W. loop must be diverted to the boiler which supplies the steam. Roughly, one pound in nine of the return water will be sent to the boiler as feed.

Obviously, there is one significant difference between the straight and the cascade H.T.H.W. systems. In the former there exists the ideally closed loop, in which the primary water is completely isolated from all other systems, and for which makeup and water treatment are minor considerations.

In the cascade H.T.H.W. system the loop is by no means closed. Through the boiler the primary water loop is connected with the normal steam distribution system, and a drop of water that one day transits the primary loop scores of times could the following day be lost to the system as sterilizer exhaust. As long as steam from the boiler is being used for purposes other than cascade heating, the routine considerations of water treatment, blowdown and makeup feed common to operation of conventional steam plants must be observed. ■

Check Up On Elevator Performance...



Through The Eyes Of HAUGHTON elevonics*

*Haughton's advanced program in elevator systems research and engineering, with specific emphasis on the creative application of electronic devices and instrumentation for betterment of systems design and performance.

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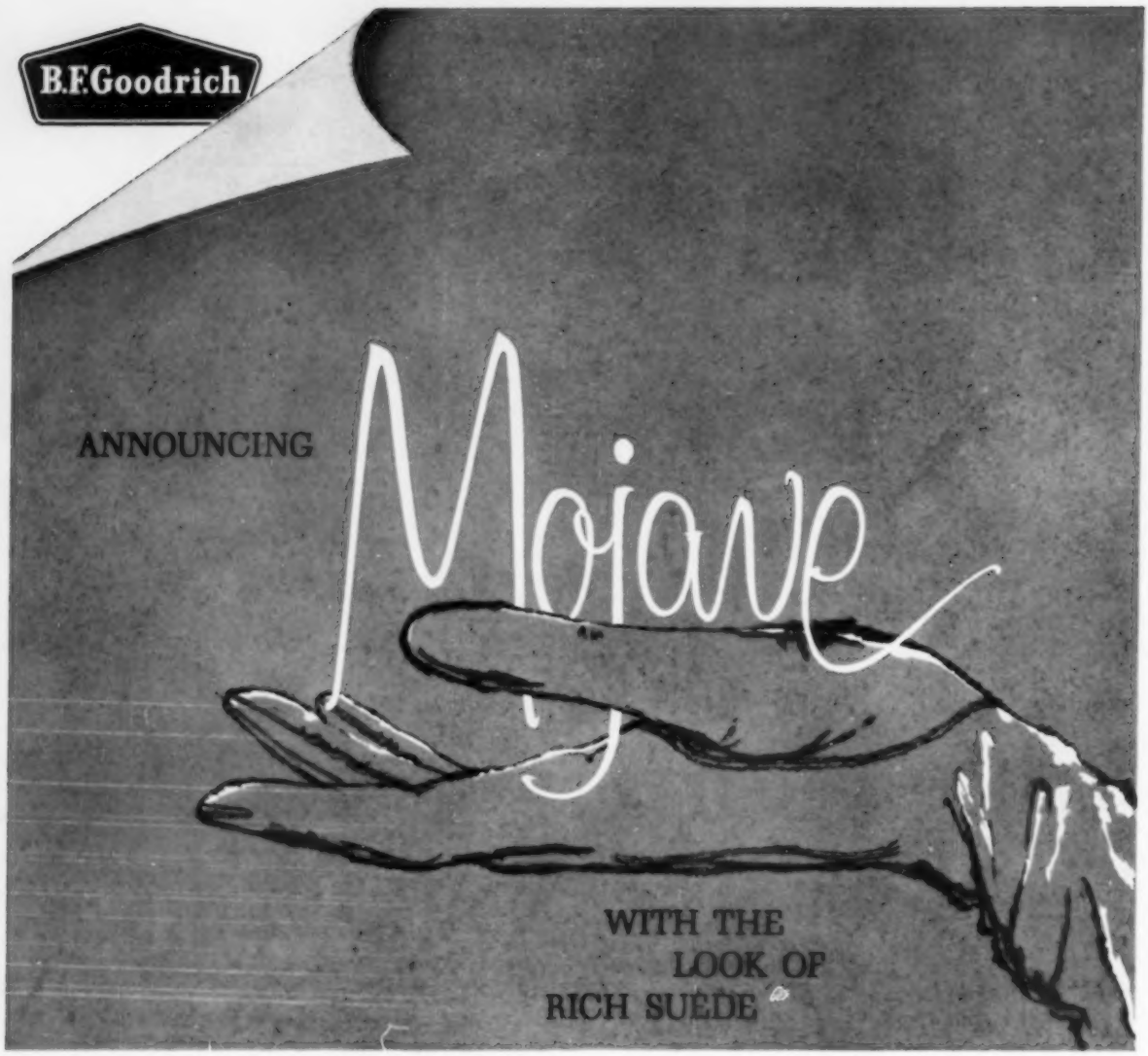

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Manual of Standard Cleaning Methods:

How To Remove Stains and Save the Surface

This section of the manual of cleaning methods, developed by the director of housekeeping services of Alameda County Medical Institutions, presents a comprehensive list of the stains commonly encountered in hospitals and suggests methods of removing them from various types of surface

Mildred F. O'Donnell

STAIN REMOVAL CHART

Kind of Stain	On Marble, Cement, Terrazzo, Concrete, Glazed Tile	On Wood	On Rubber, Asphalt Tile, Linoleum	Remarks
ACID	Liquid bleach or acetic acid	Ammonia	Ammonia, chloroform	
ALKALI	Pumice paste or muriatic acid	Ammonia	Acetic acid and water	
ANILINE DYES	Apply weak solution ethyl alcohol. Dry. Follow by chlorine bleach. Repeat application if necessary.	Apply ethyl alcohol. Rub with clean dry cloth.	Pour alcohol on stained area. Wet well. Let soak for 20 min. Rub with clean cloth. Rinse and dry.	Wear rubber gloves. Refinish spot to match surrounding area.
BLOOD	Salt water or peroxide, or	Use cloth dampened with ammonia if stain persists, or oxalic acid bath, or	Soap and cold water, or	
	rub with cloth dampened in clear, cold water. If stain persists dampen cloth with peroxide. Rinse with clear water. Dry.			
BLOOD STAINS ON MATTRESSES AND PILLOWS	Make a paste of cold water and laundry starch. Apply to area — let dry and sweep off with whisk broom.			Must be done immediately. If stain is allowed to set it will not come off.
CANDLE GREASE	Gas or fuller's earth.	Alcohol.	Gas and alcohol.	
CHLORESIUM	Is water soluble, so wash with water, then rinse with soap and water.			

(Continued on Page 146)

Mrs. O'Donnell is director of housekeeping services, Alameda County Medical Institutions. This is the fourth article in this series. Next month Mrs. O'Donnell will discuss procedures for removing stains from rugs and carpets and present a glossary of cleaning materials.

STAIN REMOVAL CHART (Cont.)

Kind of Stain	On Marble, Cement, Terrazzo, Concrete, Glazed Tile	On Wood	On Rubber, Asphalt Tile, Linoleum	Remarks
CHLORINE	Lye or scouring soap.	Chlorine of lime.	Soap and water.	
COFFEE	Gas or fuller's earth.	Oxalic acid.	Soap and water.	
GENTIAN VIOLET	Apply acid alcohol. Rinse with soap and water.			
GUM AND TAR	Remove surplus with putty knife. Apply carbon tetrachloride. Rub, using clean cloth.	Remove surplus with putty knife. Apply kerosene. Wipe with clean dry cloth.	Remove surplus with putty knife. Use carbon tetrachloride on linoleum, alcohol on asphalt, and sandpaper on rubber. Rinse and dry.	Avoid inhaling fumes. Be careful of fire; do not use if patient is in room.
INKS Synthetic Dye	Soak cotton batting in ammonia water or liquid bleach or solution of powdered bleach and water. Cover stained area. Let dry. Repeat application if necessary.			
INKS Washable	Try warm water solution. If stain persists, prepare strong solution of sodium perborate in hot water, mix with whiting to form paste. With small trowel apply paste to stained area 1/8-3/16 inch thick. Let dry for 48 hours. Remove, taking care not to mar surface.	Apply solution of 1 part oxalic acid to 9 parts water. Allow to stand until dry. Mop with clear water.	For dark floors or walls use fine grain sandpaper or steel wool. For light floors or walls use weak ammonia water. Let dry and rub lightly with clean damp cloth.	Wear rubber gloves. Make sure that unstained areas remain untouched by removal agents.
IODINE	Poultice of fuller's earth (follow with alcohol), or	Potassium iodide (1 ½ oz. in pint water) or	Denatured alcohol, or	
	Apply 10 per cent ammonia — let stand, rinse with soap and water.			
LACQUER	Acetate or lacquer thinner.	Acetate or lacquer thinner.	Acetate	
MERCURIAL ANTISEPTICS	Mix equal parts ethyl alcohol and acetic acid. Spread on stained area and mop up while wet. Repeat application if necessary.	Apply alcohol and rub with clean cloth.	Apply alcohol to rubber or linoleum using clean cloth. For asphalt apply warm soap solution and rub. When clean, rinse and dry.	Wear rubber gloves. Be careful not to etch floor. Keep containers covered.
OIL AND GREASE	Mix acetone and anyl acetate in equal parts. Saturate flannel cloth. Apply to stained area. Weigh down with concrete slab. Keep cloth saturated until stain is removed. Remove weight mark with gasoline or benzine.	Pour kerosene on area. Permit to soak for short time. Wipe dry with clean cloth. Wash with soap solution, rinse and dry.		Wear rubber gloves. Be careful of fire. Do not use if patient is in room.

(*Continued on Page* 150)

KEEP FLOORS CLEANER, SILENTLY...

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Illustrated in photo: **WARDMASTER SENIOR**
Rugged, heavy steel; with "Can't Splash" wringer

Modern hospitals find White *Silent Cleaning Equipment* superior to anything else on the market for keeping floors aseptically clean . . . *quietly*. White *Silent* tools are rubber-buffered against sound at every point of contact. There are no metal-to-metal moving parts. Whispering through their work, they roll silently from room to room, leaving fresher, cleaner floors behind them. Even inexperienced labor does a much better cleaning job — quietly!

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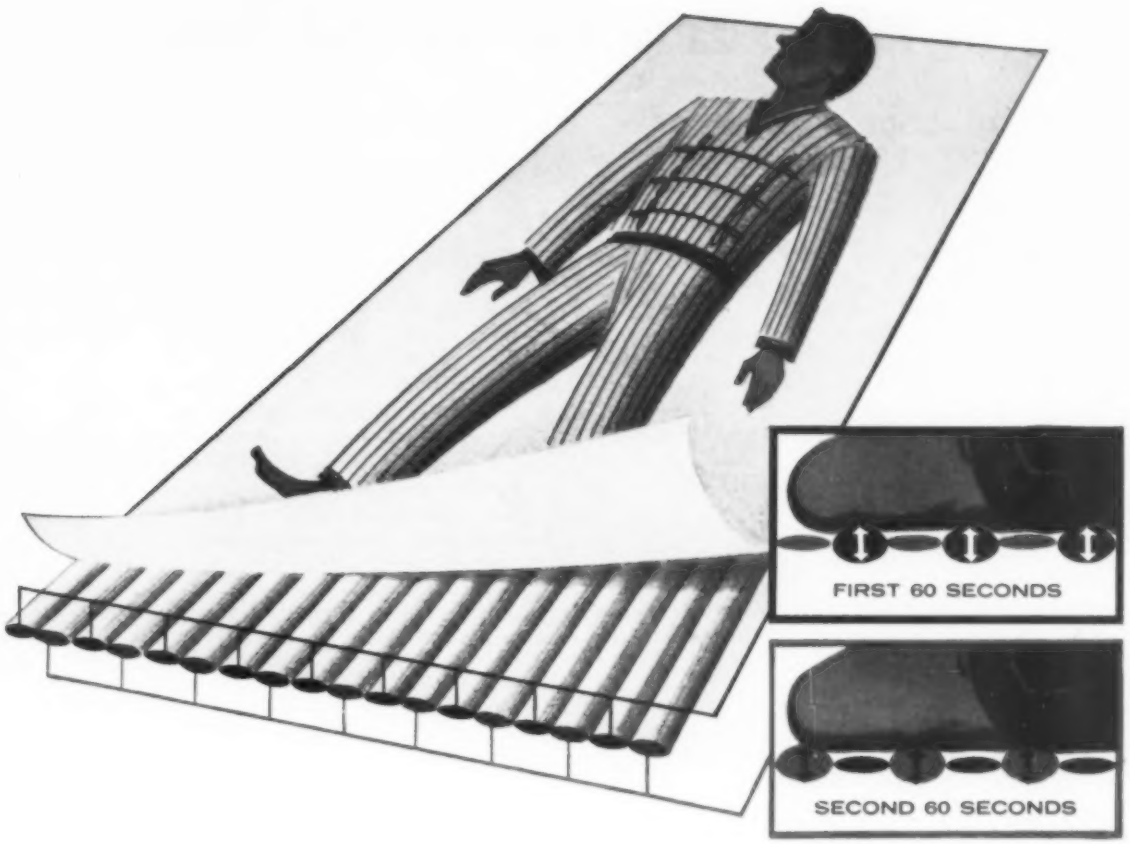
STAIN REMOVAL CHART (Cont.)

Kind of Stain	On Marble, Cement, Terrazzo, Concrete, Glazed Tile	On Wood	On Rubber, Asphalt Tile, Linoleum	Remarks
PAINT AND VARNISH	Make poultice paste of benzol and whiting. Apply to area ¼ inch deep. When dry, remove with paddle. Bleach out any remaining color with hydrogen peroxide.	Oxalic acid solution or 1 lb. trisodium phosphate or commercial equivalent in 1 gal. warm water.	Rub linoleum or rubber with steel wool dipped in turpentine. Wash with neutral soap. Rinse and dry. Rub asphalt with steel wool dipped in neutral soap solution. Rinse and dry.	Wear rubber gloves. Be careful of fire. Do not use if patient is in room.
POTASSIUM IN MEDICATIONS	Apply 10 per cent ammonia, let stand, rinse with clear water, wash.			
POTASSIUM PERMANGANATE	Apply equal parts of hydrogen peroxide and vinegar. Rinse with soap and water. Can be used safely on bath tubs.			
RUST	Mix 1 part sodium citrate to 6 parts water. Add equal volume glycerine. Add sufficient whiting to form paste. Apply poultice to stained area, ¼ inch thick, using a small wooden paddle. Let dry 1-3 days. Remove.	Apply solution of 1 part oxalic acid to 9 parts warm water. Let remain until dry. Rinse thoroughly with clear water.	Rub with steel wool dipped in neutral soap solution. Let dry. Rinse.	If stain is not removed by these treatments, repair will be necessary.
SCARLET RED	Rarely used today. Nothing will remove.			
SILVER NITRATE	Apply weak solution of tincture of iodine. Follow by application of ammonia water or sodium thiosulphate solution.			Wear rubber gloves. Do not inhale fumes.
SOLE AND HEEL MARKS	Wash with neutral soap and rinse.	Apply water emulsion wax and buff with machine. (Thick cloth should be under brush.)	Apply water emulsion wax and buff with machine. (Thick cloth should be under brush.)	
TAR STAINS AND PAINT STAINS	Apply carbon tetrachloride, then rinse with clear water immediately or color will come out.			
TINCTURE OF BENZOIN	Apply undiluted ammonia, then rinse with soap and water.			
TOBACCO	Dissolve 2 lbs. trisodium phosphate (or commercial equivalent) in 1 gal. hot water. Reduce 12 oz. of chlorinated lime to solution, mashing lumps and adding water. Pour both solutions together, adding water to make 2 gal. Cover and let settle. Mix talcum to make mortar-like consistency. Poultice area to ⅛ - ¼ inch depth. Let dry and remove.			Mixture is a strong bleaching agent. Wear rubber gloves. Takes 24 hours.
URINE	Same as above or use solution of sodium bicarbonate and water. Rinse. Can only be removed if treated immediately.			If rings from drainage bottles are not removed immediately from composition floors, they will leave a permanent stain.

(For a discussion of the problem of removing stains caused by para amino-salicylic acid, see page 152.)



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Try This Formula for Removing P.A.S. Stains

Mildred F. O'Donnell

A NEW drug that is being used to treat tuberculosis is para amino-salicylic acid. It leaves a yellowish brown stain wherever it is dropped. Toilets are stained by urine of patients who take the drug; refrigerators and sinks in medicine closets are stained if the drug is spilled.

There is one basic rule to remember in coping with P.A.S. stain. *Don't let it stand.* The longer it stands the more difficult it is to get out. It must be cleaned immediately.

Henry Erlick, our medical technician, ran tests on surfaces to help us find a satisfactory cleaner.

A 20 per cent solution of P.A.S. was dropped from a hypodermic needle in equal drops on to a white painted wooden surface and also on to a white vitreous sink surface. These drops were allowed to dry for 24 hours on their respective surfaces.

Various chemical solutions and cleaning agents were then applied with a gauze sponge and rubbed normally or hard with up and down strokes. Other similar drops of P.A.S. were allowed to dry for one week and for four weeks. These were tested similarly. The results of this study appear in Tables 1 and 2.

As a result of the tests the best combination for cleaning P.A.S. stains was found to be a mildly abrasive powdered cleanser made into a water paste in combination with a nonabrasive, non-ionic cleaner that contains alkyl aryl sulfonate.

Table 1—Comparison of Various Cleaning Agents Applied to a Painted Wood Surface With Para Amino-Acid Salicylic Stains

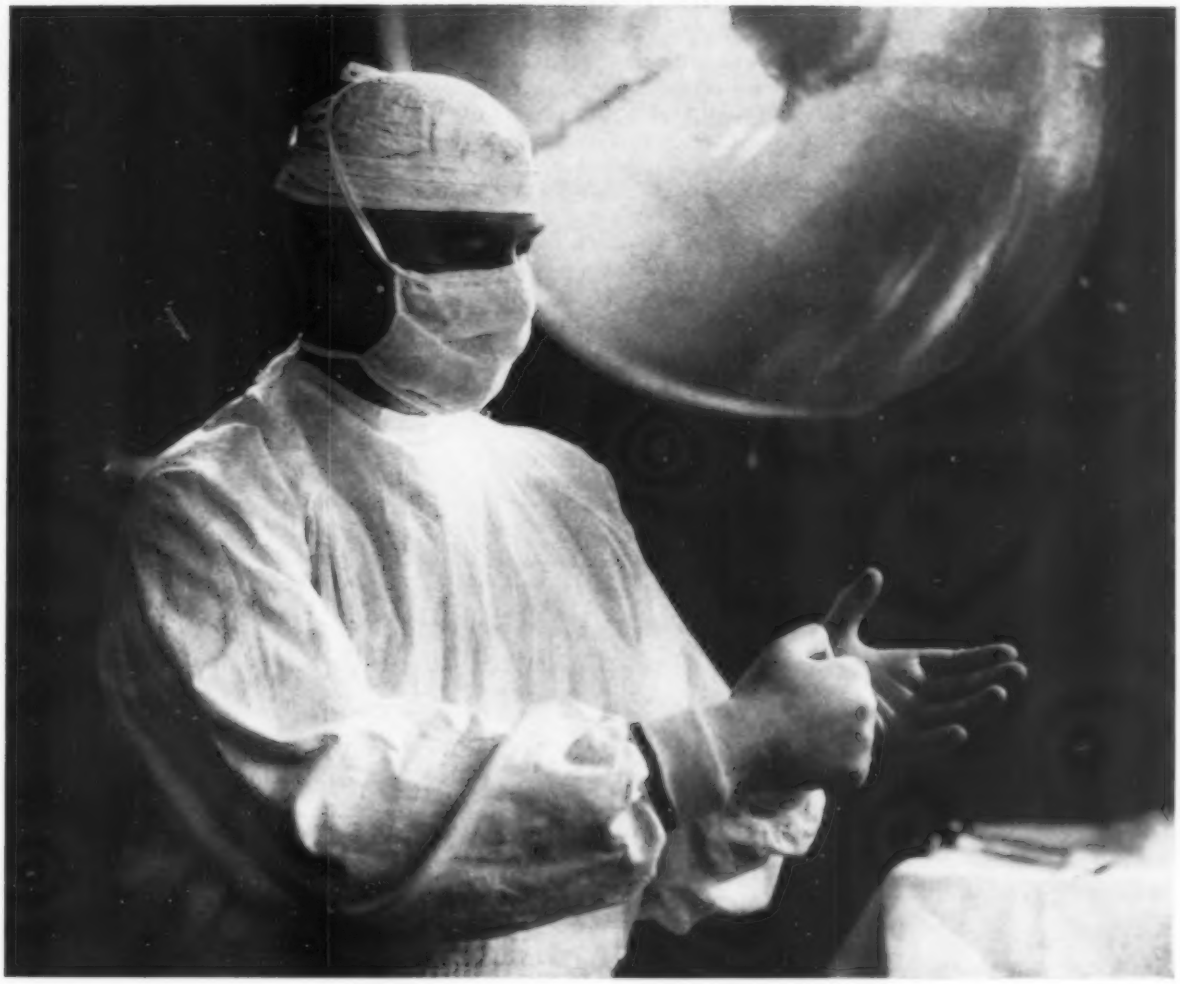
	24 Hour Old Stain		1 Week Old Stain		4 Week Old Stain	
	Normal Rubbing	Hard Rubbing	Normal Rubbing	Hard Rubbing	Normal Rubbing	Hard Rubbing
Cleaning Agent						
Water	U	U				
Alcohol 99%	U*	U*				
Vinegar (5% sol. acetic acid)	U	U				
Liquid Bleach, Full Strength	U	U				
Formalin (10% sol.)	U	U				
Sodium hydroxide (lye) 4% sol.	U	U				
Sodium carbonate (10% sol.)	U	U				
Sodium Sulfite (28% sol.)	U	U				
Hydrochloric Acid (Muriatic) 7.3% sol.	U	U				
Liquid surgical soap	U	U				
Cleansing powder	S	S	S	U*	S	U*
Detergent	S	S	U	S	U	U
Cleansing powder plus non-ionic powder containing alkyl aryl sulfonate (1:1 water paste)	S	S	S	S	S	S

U—Unsatisfactory
S—Satisfactory
*—Removes paint

Table 2—Comparison of Water, Cleansing Powder, and Detergent Applied to a Vitreous Sink Surface With Para Amino-Acid Salicylic Stains

	24 Hour Old Stain		1 Week Old Stain		4 Week Old Stain	
	Normal Rubbing	Hard Rubbing	Normal Rubbing	Hard Rubbing	Normal Rubbing	Hard Rubbing
Cleaning Agent						
Water	S	S	S	S	U	U
Cleansing powder	S	S	S	S	U	S
Detergent	S	S	S	S	U	S
Cleansing powder plus non-ionic powder containing alkyl aryl sulfonate	S	S	S	S	S	S

U—Unsatisfactory
S—Satisfactory



Final chapter . . .

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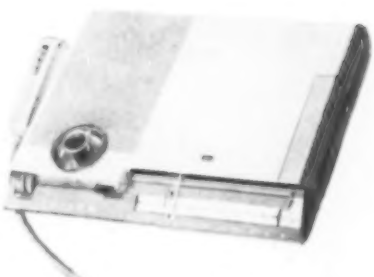

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What Management and Labor Owe Each Other

(*Continued From Page 71*)

air, light and fresh paint in any area where employes must congregate.

8. He wants to know exactly what his rights and privileges are, as well as his responsibilities. This means that employers should make up their minds as to what rights to grant. The smart employer will clarify his own thinking before he is forced to do it under pressure of immediate and drastic action.

Management, however, may have to modify its position occasionally — we all find ourselves at times in a spot where a compromise is better than a fight. In any case, management should accept its responsibility for making the rules — and then should be sure that the employes know what they are. And, most urgent of all, policy should apply to all. Don't penalize one employe for an act that would not draw an equal penalty against another in similar circumstances. Call it fairness, nondiscrimination or old-fashioned square shooting — it is the one fact above all others that endears an employer to employes and that will often make it possible for them to overlook a lot of other things they don't like.

In these days, too, our benefit programs are more and more equated and considered as part of total compensation. Fifteen years ago, hospitals, educational institutions, and similar organizations were well ahead of the general practice in business and industry of providing job security and personal security. We had retirement plans, vacations, disability leave, hospitalization and other benefits before these were generally effective elsewhere, but in the ensuing period such things have become standard and no longer represent competitive advantage to us.

Too often we have failed to reevaluate our position, however. We need constantly to carry on studies in this field and to make such changes as are appropriate to maintain ourselves on an even basis with the outside world. We should make special use of those benefits which we are peculiarly able to provide in our special fields of work, especially those which do not add directly to our cost. This should not cause us to cut other benefits generally available. We should use our own special advantages to recruit and keep our satisfactory workers. It is important to have a good benefit policy and it is equally important to see that it is maintained and kept up to date with the changing conditions and times.

And, finally, comes the grievance procedure. The use of the word "grievance" is unfortunate since it is generally recognized as identifying a real or fancied conflict between the individual employe and some level of management. We have found it helpful to provide as the first step in this procedure that it be placed in writing by the aggrieved employe. The very fact that it must be written sometimes reduces the magnitude considerably. In any case, the written statement identifies and limits the discussion from that point on. Provision is normally made for two or possibly three upward steps in the management organization and many institutions provide for some sort of outside arbitration in case of failure to agree within the institution itself. The very fact that such an outlet is available frequently serves to reduce the problem. The fact that it is not formally and officially established and known to be available in itself is often the cause of tension and even bitterness. ■

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* Weinstein, J. J.: Bowel Preparation for Anosigmoidoscopy with a Hydrogogue Enema. To be published.

(Continued From Page 67)

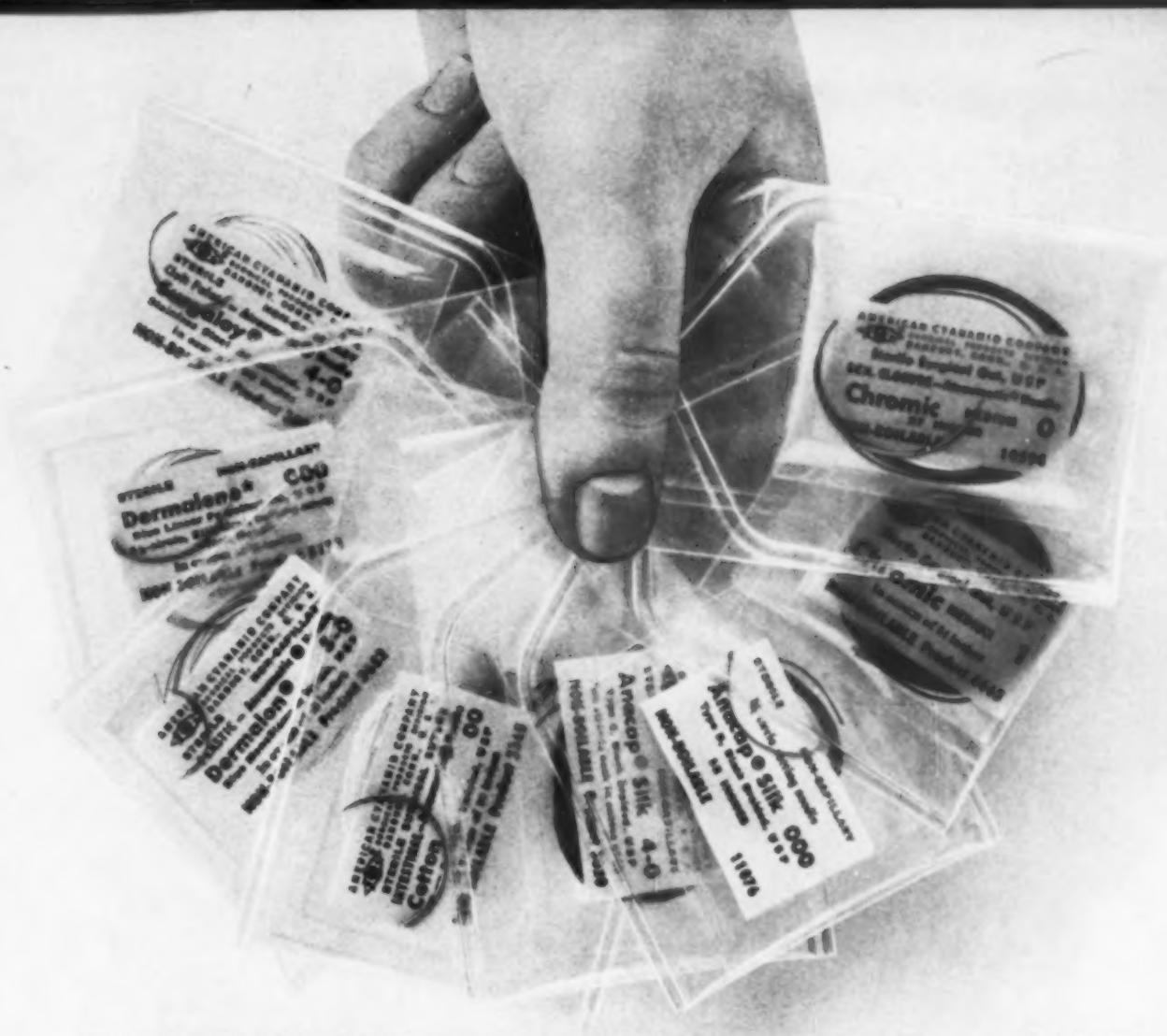
highly doubtful that many instances can be demonstrated where experienced administrators have deliberately failed to observe them. Complaints in this regards come largely from those who would have the administrator rise above the prevailing cultural values around him. In examining this complaint we must first separate the administrator as a person from the administrator as the head of an operating organization. This is of course impossible to do except for purposes of examination. As an individual the administrator should be expected to have a higher set of values than the average of the culture in which he exists. This expectation is justified because of the higher perspective from which he has had an opportunity to view the cultural landscape.

As an administrator, however, he is quite definitely restricted to operating within the context of the going values of that culture. The upper limits of the going values are perhaps even more confining than the lower limits. Public opinion is the average of opinion and the average forms the majority of customers, clients, voters or whoever controls the survival of the enterprise. Administration is not a crusade, even when it is the administrative process for a crusading agency, and must have the accomplishment of the goals of the enterprise as its single obsession. The goals of the enterprise must be given moral scrutiny by the administration to determine if they pass muster with administration's conscience. If the ends of the enterprise are worthy then administration must work toward those goals within the cultural context provided by the controlling environment.

To say that administration must accept life on the terms offered by the environment does not condemn the administration to permanent acceptance of the going values around the enterprise. Administration has the right and the responsibility to attempt to influence the environment and to seek to moderate its impact on the enterprise. There is a very great difference, however, between influencing the environment and wrecking the enterprise by ignoring the environment. The individual administrator should not violate his own moral imperatives but he must respond administratively to the social sanctions of the culture in which the enterprise exists or remove himself to a culture with values more compatible to his own. Admittedly he should be a leader, but the most essential element of leadership is to have a following. One keeps a following only if he stays within sight of those he is leading.

The second set of restrictions can be classified as internal and these are represented in the feelings and convictions of the personnel, and in the resources available to administration. In the long run the internal restrictions are perhaps only an extension of the external restrictions since the enterprise, and the people in it, are a product of their environment. But to the extent that the enterprise, and its people, are discrete from the environment, the internal restrictions represent the more direct of the two sets of inhibitions on the sorts of influences administration may use. This set of restrictions is concerned with the system of inducements available to administration and to the system of expectations of the administered.

Both these systems are highly complex and cannot be properly discussed within the limitations of this article. The point should be made, however, that the system of expectations of the individual is not identical with the needs and drives of the individual and the two may in instances be in opposition to each other. What an individual thinks he wants may not be what he wants, or needs, at all. This is why much of the behavioral research is not too useful and in some instances is invalid. That research is composed largely of surveys of what individuals say they want. The material with which administration works is human nature, and human nature consists of human generalities which cannot be reduced to specific questions to be utilized in questionnaires and interviews. These generalities can be broken into tendencies and it is a knowledge of these tendencies that permits people to deal with each other, and to persuade and induce one another. Administration does not need to know why these tendencies exist in order to effectively utilize them. It only needs to recognize that they exist and how to use them. ■



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NEWS DIGEST

Union Encounters Resistance in Drive To Organize Hospitals . . . Northwestern To Discontinue Hospital Administration Program . . . Florence L. Baltz Reelected President of Nursing Home Group . . . Swedish Hospital Awarded Judgment

Building Service Employes Union Runs Into Resistance in National Organization Drive

BALTIMORE. — Johns Hopkins Hospital here has refused to recognize the A.F.L.-C.I.O. Building Service Employes Union as collective bargaining representative for the hospital's nonprofessional employes.

The union claims to represent a majority of dietary, housekeeping, maintenance, supply, laundry and service workers, nurse's aides, and laborers.

"Recognition of a collective bargaining agent would be incompatible with the sole purpose of our existence — the care and treatment of the sick and injured, regardless of race, creed or economic status," Dr. Russell A. Nelson, director of the hospital and president of the American Hospital Association, stated in a letter replying to the union request.

His letter continued: "We shall continue to provide benefits to our employes on a fair and equitable basis to the fullest extent of our economic ability. We are pleased that, with community understanding and improvement in the payment for hospital care, we have been able to provide all of our employes progressively improving conditions of employment.

". . . We have decided that these improvements and our service can only be maintained and developed without the imposition of a collective bargaining agent between the management and the employes of the Johns Hopkins Hospital," Dr. Nelson concluded.

Hospital, Union Officials Meet

PHILADELPHIA. — Hospital officials are meeting directly with representatives of Local 252 of the Building Service Employes Union here this month.

Nonprofessional workers at Temple University Hospital here had earlier scheduled a strike for September 10 in an effort to obtain recognition of Local 252 as their bargaining agent. The strike was averted following conferences between university officials and union representatives.

Late in September the union had requested a meeting with the presidents of 16 Philadelphia general hospitals in which the union claims to represent a majority of the nonprofessional workers. Most of the 16 hospitals, which include the two osteopathic hospitals in Philadelphia, have agreed to meet individually or in small groups with union officials.

Third Union Launches Drive

CHICAGO. — A third union — the teamsters — has opened an intensive organization campaign here among nonprofessional hospital employes.

The campaign began October 27 when members of Local 743, Warehouse and Mail Order Employes, handed out leaflets at Mercy Hospital.

Donald Peters, president of the local, told reporters that "nearly a majority of the 250 nonprofessional employes signed Teamster membership cards."

He said that Local 743, which has 18,000 members, plans to organize the more than 25,000 nonprofessional workers in Chicago hospitals, but in a way that "will preclude any jurisdictional conflicts with other unions."

Earlier, however, jurisdictional disputes between two other unions competing here to organize hospital workers were predicted by William M. McFetridge in a statement made October 17.

Mr. McFetridge, president of the A.F.L.-C.I.O. Building Service Employes International Union, made the statement in announcing a drive to organize millions of workers in hospitals, government offices, colleges and universities.

He told 200 union delegates that he expected disputes with other unions, notably the American Federation of State, County and Municipal Employes. Locals from both unions are currently conducting membership drives in Chicago hospitals, and one of them, Local 1657 of the State, County and Municipal Employes has been on strike since August 27 against Mount Sinai Hospital and Chicago Home for Incurables.

Northwestern University Plans To Discontinue Graduate Program in Hospital Administration

CHICAGO. — The Graduate Program in Hospital Administration at Northwestern University here will be discontinued at the end of the present academic year, Leon A. Bosch, associate dean of the Graduate School of Business Administration, annuonced in a letter to program alumni last month.

Applications for the hospital program will no longer be accepted, Mr. Bosch said, and the degree in hospital administration will not be awarded after members of the 1961 class have completed their residencies.

Explaining the university's action, Mr. Bosch said: "The School of Business in recent years has been carefully reappraising its educational programs for persons in, or planning, executive responsibilities. The reappraisal led to the conviction that narrow and highly specialized programs, concerned almost wholly with management performance in a single function or industry, are increasingly inconsistent with the growing interest in broadly educated administrators," he explained.

"Northwestern University is very grateful for the support given by many to the hospital administration program since its inception," Mr. Bosch told the alumni, "and we hope that the M.B.A. program which provides an educational foundation for executive performance generally will continue to receive the same cooperation and support."

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(designed by Raymond Loewy)

Here is another beautiful private room featuring the new Hill-Rom No. 8500 Grouping designed by Raymond Loewy and finished in No. 85 Teakwood Grain Farlite. The bed, beside cabinet and straight chair all share in the beauty and utility of this high pressure laminated plastic, combined with Satin Stainless and Loewy Charcoal.

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AT RIGHT: *The Hill-Rom No. 307 Bedside Lamp reflects the light on the reading matter—not in the patient's eyes.*

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John T. Young Named President-Elect of Wyoming Association

RAWLINS, WYO. — John T. Young, administrative assistant, Memorial Hospital of Laramie County, Cheyenne, was named president-elect of the Wyoming Hospital Association at the annual meeting here last month. Mr. Young will succeed Robert D. Manville, assistant administrator, Memorial Hospital of Natrona County, Casper, who became president during the meeting. Harry C. Dunham, Memorial Hospital of Carbon County, Rawlins, was the retiring president.

Hospital infections have existed as long as hospitals have, Dr. Cecil R. Reinstein, director of the Division of Preventive Medicine, Wyoming Department of Health, told the group. "From all evidence there are fewer complicating infections in hospitalized patients today than in the past decade," Dr. Reinstein said. Nevertheless, he added, "we must recognize the problem and its seriousness. Although there are probably fewer infections, we must be conscious of the virulence and resistance of present strains. While it is unlikely that such strains can be prevented from being introduced into the hospital, strict aseptic technics in all departments, coupled with educated cooperation by all members of the hospital team, will provide successful control of hospital infections."

Recreational facilities in the community are an important factor in attracting employes to the hospital, H. J. Eininger, administrator of Memorial Hospital of Goshen County, Torrington, said in a talk on organizing personnel recruitment. The hospital administrator can often help initiate and improve community facilities, and thus make recruiting more successful, Mr. Eininger stated. Among other sources of applicants for hospital jobs, Mr. Eininger named the following: present employes, professional associations, specialized employment agencies, state and federal employment offices, technical and professional schools, other hospitals and hospital administrators, churches, advertising, and friends of the hospital.

Carlos J. R. Smith, administrator, Helena Hospital, Helena, Ark., and treasurer of the Midwest Hospital Association, described a front office system that has improved collection experience and public relations at Helena, under the direction of a manager of patient accounts.

For additional information, use postcard facing Cover 3.

Florence L. Baltz Reelected President of American Nursing Home Association

CHICAGO. — In spite of a few rebellious mutterings against her whirlwind leadership during the past year, Florence L. Baltz was unanimously reelected president of the American Nursing Home Association at its meeting here October 6 to 9. The mutterings arose from a group that found the sudden emergence of the nursing home administrators (". . . and please stop calling us operators") from obscurity to national prominence unsettling. Too much like being tied to the tail of a comet, some members objected.

That the nursing homes are indeed in the national spotlight was attested by the list of speakers at the convention, which included a United States Senator, the undersecretary of the Department of Health, Welfare and Education, a representative of the social security office, and four state health officers. The 800 delegates, representing 17,500 licensed nursing home members, jammed all of the sessions to hear these speakers discuss the responsibilities of nursing home administrators in giving adequate care to their patients and the possibilities for future growth.

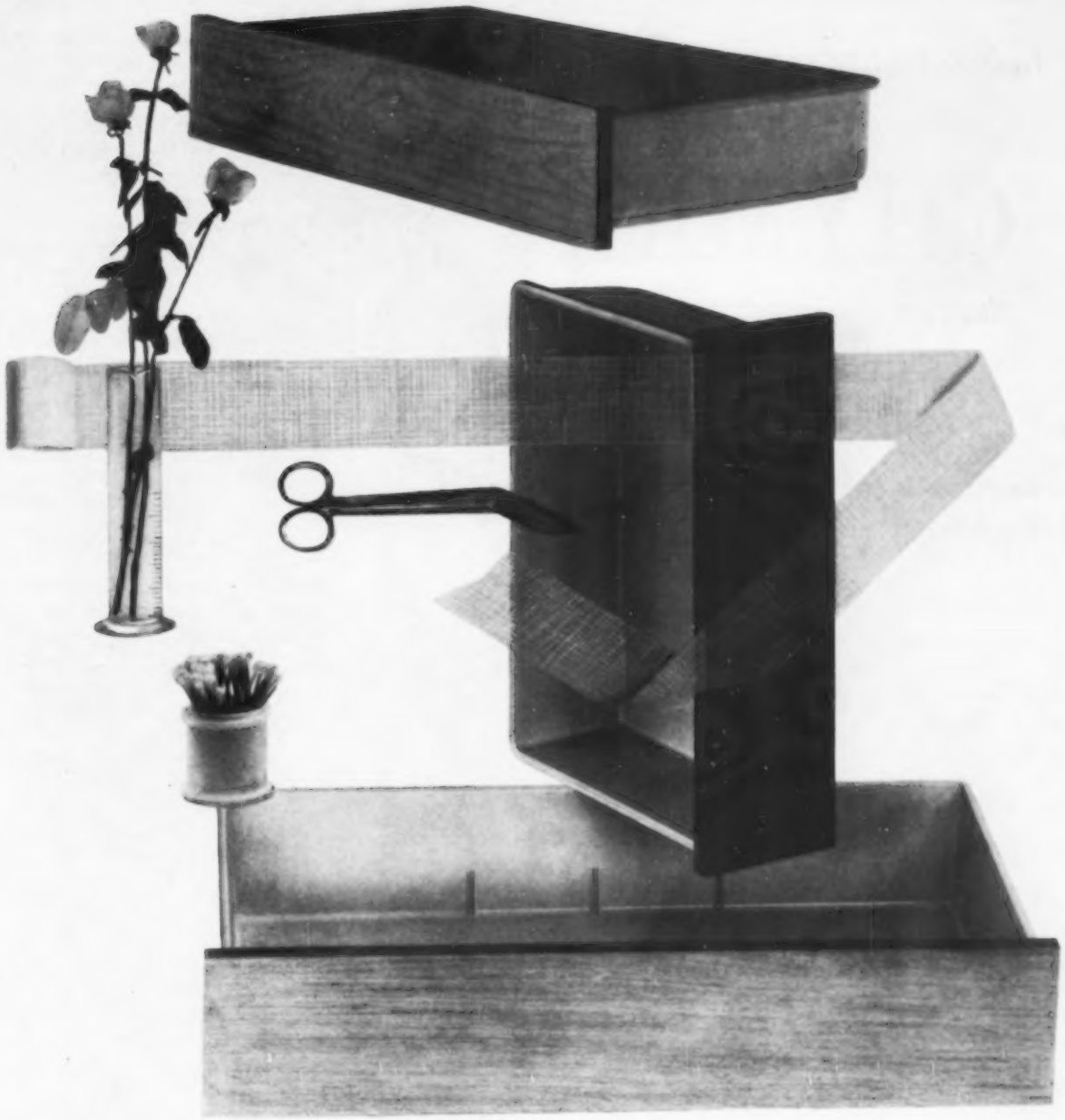
Outlining the plans being made for the White House Conference on Aging, to be held in January 1961, Bertha S. Adkins, undersecretary of the Department of Health, Welfare and Education, urged the delegates to work through their state organizations to gather facts on the health needs of the aged and be ready to offer specific recommendations at the conference. She also commended the association for its work in the past year developing plans, programs and standards for the operation of nursing homes.

"It would be foolish for me to try to tell you that all of the nursing homes in the country are Shangri-Las," Mrs. Adkins said. "You know better than I that this just isn't so. But I can say without equivocation that after studying some of the advancements you have made in this past year, it will not be too long before nursing homes throughout the country will be making even greater contributions in caring for our aged citizens."

Licensing Is Not a Weapon

In a panel session, health department officials from Illinois, Indiana, Michigan and Wisconsin discussed the relations between the nursing homes and the state licensing bodies. All of them emphasized that licensure is not a weapon designed to punish wrongdoers but an aid and incentive to improvement of standards. Dr. Albert E. Heustis, commissioner of the Michigan Department of Health, summarized this view by stating that his office "looks forward to good government working fairly and justly with private and public homes to the end of giving better care." He added: "To be concerned with the protection of the public health is a great privilege. It is a job for homes and government together to do the things that are good for the people we serve."

Banquet speaker was Sen. John J. Sparkman (D.-Ala.), chairman of the Senate small business committee and godfather of the insured loan program which carries provision for U.S. guarantee of nursing home mortgages. Senator Sparkman reviewed the history of the legislation (the Senate passed the bill six times before it finally became law, he reported) and ex-



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plained that he views the bill as only a beginning that will enable nursing homes to expand to meet the "greater and greater demand for nursing care facilities."

During the business sessions, a proposal to increase national dues from $15 to $25 set off a morning-long wrangle, with amendments, counter-amendments and amendments to the amendments. A compromise motion, finally adopted, limited the increase to homes of 16 beds and over; those with 15 beds or fewer will continue to pay $15 per year.

Other officers reelected with Mrs. Baltz are: vice president, Alton Barlow, Canton, N.Y.; secretary, Eldred Thomas, Dallas; treasurer, Morrill S. Ring, Medford, Mass., and historian, Honour R. Huffman, Logansport, Ind.

Swedish Hospital Granted Judgment Against Local for Damage During Strike

SEATTLE. — Swedish Hospital here has been granted a judgment of $569.36 against Local 301, Seattle and King County Hospital Workers Union.

The judgment was the aftermath of a strike against the hospital last year in which many acts of hoodlumism were committed, the *Seattle Times* said. (A report of the strike, by Raymond F. Farwell, administrator of Swedish Hospital, appeared in the July issue of The MODERN HOSPITAL, page 63.)

Lewis L. Stedman, attorney for the hospital, told the superior court that Local 301 and Local 6, Building Service Employes Union, had agreed to pay the hospital the $569.36, but reneged.

Both locals are affiliated with the Building Service Employes International Union.

The court granted the judgment against Local 301, but ruled that Local 6 does not have to pay.

During the strike, hoodlums broke 11 windows, broke padlocks of fuel oil tanks, and threw stench bombs into the hospital, the court was told.

James Pritchett, then business representative for Local 23, Window Cleaners Union, admitted he was responsible for much of the damage, the *Times* report said.

Mr. Pritchett was sentenced to six months in jail, with three months of the term suspended, for illegal possession of gas bombs.

New York Hospital Groups Attack Proposed Network of Union Sponsored Hospitals

NEW YORK. — Hospital officials criticized a recent union proposal to build a chain of hospitals here and establish a medical insurance plan. A committee authorized by the New York City Central Labor Council, representing 26 unions with combined pension and welfare funds of $750 million, is currently studying the proposal.

Dr. Arnold Karan, president of the Greater New York Hospital Association, said the proposal sounded as if labor wished to "disassociate itself from the rest of society, take care of its own group, and leave the expensive but humane job of taking care of the poor and indigent up to someone else."

If labor is serious about building a chain of hospitals, said Dr. Karan, "all I can say is 'welcome to the deficit club.'"

A charge by the labor council committee that voluntary hospitals make no accounting to the public was called "unfair and inaccurate" by Grant Adams, director of the United Hospital Fund, who said that New York hospitals "report periodically and in great detail" to the public.

In a statement, issued September 20 by Harry A. Van Arsdale, labor council president, the committee said that "Blue Cross has gone through the motions of providing community representation on its board, but it is a farce. Labor is outvoted 5 to 1. The program is under the control of big business and the hospital administrators."

The labor committee also charged that there are "sweatshop health standards in our hospitals. They underpay their staffs and underserve their patients. They make no accounting to the public. Yet we are confronted with skyrocketing costs that must be paid out of our welfare funds."

C. Rufus Rorem Will Head Hospital Planning Group

PITTSBURGH. — C. Rufus Rorem, executive director of the Hospital Council of Philadelphia for the last 13 years, has been named executive director of the Hospital Planning Association of Allegheny County.

C. Rufus Rorem

The hospital association, which Mr. Rorem will head beginning in January, is a citizens group being formed to cooperate with the hospitals in developing a plan for expansion and improvement of hospital facilities in Allegheny County. It is financed by industrial firms in the area.

Mr. Rorem, a former director of the Blue Cross Commission for 10 years, has made extensive studies of the economic and social aspects of medical care.

Council Names Babnew

NASSAWADOX, VA. — David Babnew Jr., administrator of Northampton-Accomack Memorial Hospital here, has been elected president of the Tidewater Hospitals Council for the coming year. Other new officers are: vice president, Harriet V. Ailstock, Virginia Beach Hospital, Virginia Beach, Va., and secretary-treasurer, Earl Titman, Portsmouth General Hospital.

Texas Blue Cross Reports Costs of Mental Coverage

DALLAS. — Costs of extending benefits for treatment of mental illness will decrease rather than increase, Blue Cross of Texas officials predict in a special report to *Scope Weekly* on its experience in extending hospital benefits to patients with nervous and mental diseases.

According to W. R. McBee, director of Blue Cross here, payments in 1958 for members hospitalized for mental illness totaled only 3 per cent of all payments — $594,363 of $22,209,000.

Average hospitalization for a member with mental illness was 18.1 days, compared with 5.2 days for all other illnesses. Blue Cross officials believe that new methods of shortening the treatment period will further decrease the cost of mental treatment benefits, the *Scope* report said.

Blue Cross of Texas has no special contracts or plans for mental illness; instead nervous and mental diseases simply are not excluded from any of its hospitalization plans, as they are by many Blue Cross organizations.

"Coverage of mental illness has never been a problem to us from a financial standpoint," Mr. McBee said. "We feel that our members are glad to pay the higher cost, which amounts to only about a 3 per cent increase, for the benefits they receive."

Nervous and mental diseases covered by Blue Cross of Texas fall into three categories — psychosis and psychoneurosis; disorders of character, behavior and intelligence; and alcoholism. Blue Cross of Texas is one of the few plans including alcoholism in its mental illness coverage, the report noted.

Massachusetts Hospitals Name Robert D. Lowry

BOSTON. — Robert D. Lowry has been named president-elect of the Massachusetts Hospital Association. Mr. Lowry is executive director of New England Deaconess Hospital, Boston.

Other new officers are: president, Ashton Smith, director of Lawrence General Hospital, Lawrence; treasurer, Bertrand B. Nutter, director, Salem Hospital, Salem, and secretary, Henry G. Brickman, executive director, Massachusetts Hospital Association.

(*News Continued on Page* 174)

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Two Blue Cross Plans Enroll Persons Over 65

DURHAM, N. C. — Two more state Blue Cross plans have opened their enrollment to persons over 65 years of age. North Carolina Blue Cross has developed a senior citizen certificate available on an individual nongroup basis to persons 65 and over in reasonably good health.

It provides inhospital care for up to 31 days per confinement, automatically renewed after 90 days out of the hospital; a $150 maximum surgical schedule; inhospital medical benefits for 30 days; x-ray and radium therapeutic benefits; outpatient hospital services in accident and nonaccident surgical cases, and outpatient diagnostic x-ray and laboratory examinations in doctors' offices or hospitals.

Cost of the certificate is $18 quarterly (three months) for the full benefit package for one person.

North Dakota Blue Cross also opened its enrollment to persons of any age for a 30 day period during October. Ronald A. Jydstrup, director of the plan, pointed out that Blue Cross and Blue Shield have always provided continued coverage for those who joined prior to age 65, but this was the first time that membership had been offered specifically to the older age group.

Hospital benefits under the program are the same as those offered to nongroup subscribers. They include a $25 deductible contract; hospital care for 120 days, with another 120 days available each time a member has been out of the hospital 90 days; semiprivate room coverage paid in full with the average cost of a semiprivate room allowed toward a private room, and full cost of other hospital services.

Arizona Hospitals Elect Sister Joseph President

FLAGSTAFF, ARIZ. — Sister Elizabeth Joseph, St. Mary's Hospital, Tucson, was named president and M. G. Wolfers, Tucson Medical Center, Tucson, vice president of the Arizona Hospital Association here October 9.

Guy M. Hanner, Good Samaritan Hospital, Phoenix, was elected secretary-treasurer. New trustees elected for three-year terms are J. L. Cline, Gila County Hospital, Globe, and Florence Ladner, Hoemako Cooperative Hospital, Casa Grande.

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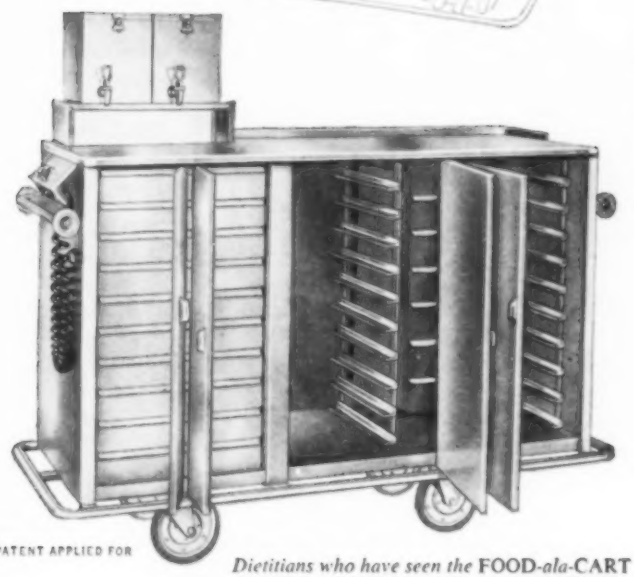

PATENT APPLIED FOR

Dietitians who have seen the FOOD-*ala*-CART system say it's the easiest to use equipment they have ever seen. Its design is based on a comprehensive research study among dietitians. These dietitians told us it's not the fixing of the food but the serving that is the big problem. The Nutting FOOD-*ala*-CART answers the serving problem best because it simplifies it, ends "diet tray confusion," keeps foods appetizing, refreshing, delicious tasting right to the patient. It is truly *the new standard of fine food service for hospitals.*

Here for the first time is a food service system that ends one of the biggest problems facing dietitians . . . "Diet Tray Confusion." FOOD-*ala*-CART is the first and only food service system to provide *one oven drawer* for *every serving tray!*

This exclusive FOOD-*ala*-CART feature ends "Diet Tray Confusion" and makes spot checking easier — more accurate. It also speeds tray assembly — makes it simpler.

Only the new FOOD-*ala*-CART system offers *all* these features!

- ONE OVEN DRAWER FOR EVERY SERVING TRAY ends "diet tray confusion." It's the easiest to use food service system you have ever seen.
- FROZEN FOOD SECTION keeps frozen desserts served in sliced form, in ramekins or similar containers frozen; even ice cubes won't melt.
- ALL FOODS are served at dietetically accepted temperatures for maximum patient "meal appeal."
- VERSATILE INTERIOR — Easily changed to accommodate 3 different tray sizes; no tools are needed. Can also be changed to handle from 16 to 24 trays. Interior can be easily and entirely cleared for steam cleaning.
- ROLLS EASILY — Large ball-bearing wheels with non-marking rubber tires especially compounded for easier starting, easier rolling.
- COMPACT SIZE makes FOOD-ala-CART easier to handle. Clears any hall, door or elevator opening.
- SAFER — Center hung door panels do not extend beyond cart when open.
- EASIER TO USE — EASIER TO SEE CONTROLS — There's no guesswork about this cart. All controls are up in plain sight, easy to see. Simple switches turn "ON" and "OFF". Refrigeration and heat controls are pre-set — require no adjustment by user.

Everyone is happier with FOOD-*ala*-CART! Patients, physicians, nurses, aids *and* dietitians, *all* like the way FOOD-*ala*-CART eases preparation, keeps foods appetizing and simplifies serving.

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New Detroit Health Plan To Begin Operation Soon

DETROIT. — Operation of Community Health Association, the proposed group practice medical plan being formulated under sponsorship of the United Automobile Workers, is expected to get under way within a few months, according to its director.

Dr. Frederick D. Mott, executive director of C.H.A., told delegates of the National Medical Association that while the association was originally established by the U.A.W., it has since been changed to a community group, with a board of directors from various community groups.

Outlining plans, he said, "Any groups of employed persons and their families, including, but not confined to, local union groups, will be eligible for membership in C.H.A., subject only to reasonable underwriting rules."

The board wants each individual in every eligible group to have free choice of plan, so that each family may choose between C.H.A. or some other program, like Blue Cross-Blue Shield. This principle of dual or multiple choice of plan is being extended widely today."

"Under our program," he added, "selection will not be limited to a choice between plans. Those choosing C.H.A. membership will be able to select between the various medical groups that will ultimately participate. When a member has selected a group, he will in turn have the opportunity of choosing a personal physician."

Whether this was likely to meet with prevailing medical views on the meaning of "free choice of physician" remained to be seen, *Scope Weekly* commented.

New York Council Reelects Officers

NEW YORK. — Election of Dr. Peter Marshall Murray, director of obstetrics and gynecology at Sydenham Hospital, as vice president of the Hospital Council of Greater New York was announced October 9.

Officers reelected were: Thomas J. Ross, president; Alvin C. Eurich and the Rev. James H. Fitzpatrick, vice presidents, and Cloyd Laporte, treasurer.

Jack R. Aron and Edward F. Butler were elected as new directors of the council.

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new... a handy dispenser-cap which eliminates irritating searches for errant bottle caps.

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H-36

COMING EVENTS

FLORIDA HOSPITAL ASSOCIATION, Robert Meyer Hotel, Jacksonville, Dec. 3, 4.

HAWAII HOSPITAL ASSOCIATION, Hawaiian Village, Honolulu, Dec. 3, 4.

ILLINOIS HOSPITAL ASSOCIATION, Abraham Lincoln Hotel, Springfield, Dec. 4.

KANSAS HOSPITAL ASSOCIATION, Town House Hotel, Kansas City, Nov. 12, 13.

RADIOLOGICAL SOCIETY OF NORTH AMERICA, Palmer House, Chicago, Nov. 15-20.

VIRGINIA HOSPITAL ASSOCIATION, Hotel Chamberlin, Old Point Comfort, Nov. 12-14.

1960

ALABAMA HOSPITAL ASSOCIATION, Dinkler-Tutwiler Hotel, Birmingham, Jan. 21, 22.

AMERICAN HOSPITAL ASSOCIATION, San Francisco, Aug. 29-Sept. 1.

ASSOCIATION OF MEDICAL RECORD CONSULTANTS, Morrison Hotel, Chicago, Jan. 21, 22.

ASSOCIATION OF WESTERN HOSPITALS, Statler-Hilton Hotel, Los Angeles, April 25-28.

CAROLINAS-VIRGINIAS HOSPITAL CONFERENCE, Roanoke Hotel, Roanoke, Va., April 21, 22.

CATHOLIC HOSPITAL ASSOCIATION, Municipal Auditorium, Milwaukee, May 30-June 2.

GEORGIA HOSPITAL ASSOCIATION, Jekyll Island, Ga., March 31, April 1.

KENTUCKY HOSPITAL ASSOCIATION, Kentucky Hotel, Louisville, March 29-31.

LOUISIANA HOSPITAL ASSOCIATION, Bellemont Motor Hotel, Baton Rouge, Mar. 24-26.

MARYLAND-DISTRICT OF COLUMBIA-DELAWARE HOSPITAL ASSOCIATION, Shoreham Hotel, Washington, D.C., Oct. 12-14.

MIDDLE ATLANTIC HOSPITAL ASSEMBLY, Convention Hall, Atlantic City, April 27-29.

MID-WEST HOSPITAL ASSOCIATION, Municipal Auditorium, Kansas City, Mo., April 27-29.

NEW ENGLAND HOSPITAL ASSEMBLY, Statler-Hilton Hotel, Boston, March 28-30.

OHIO HOSPITAL ASSOCIATION, Veterans Memorial Building, Columbus, April 4-7.

PENNSYLVANIA ASSOCIATION OF MEDICAL RECORD LIBRARIANS, Governor Hotel, Harrisburg, April 7, 8.

SOUTHEASTERN HOSPITAL CONFERENCE, Deauville Hotel, Miami Beach, May 3-6.

TENNESSEE HOSPITAL ASSOCIATION, Peabody Hotel, Memphis, May 26, 27.

TEXAS HOSPITAL ASSOCIATION, Memorial Auditorium, Statler Hilton Hotel, Dallas, May 9-12.

TRI-STATE HOSPITAL ASSEMBLY, Palmer House, Chicago, May 2-4.

UPPER MIDWEST HOSPITAL CONFERENCE, Minneapolis Auditorium, Minneapolis, May 11-13.

First To Require Polio Shots for School Children

RALEIGH, N.C. — A law requiring immunization against polio for all children entering the first grade in public schools has been passed by the North Carolina legislature. Health officials hope the statute, first of its kind in the country, will serve to broaden the campaign to conquer the disease, the *Durham Morning Herald* reported.

The state will pay the cost of vaccine for children whose parents are unable to pay for it at a doctor's office. Dr. J. W. R. Norton, state health director, said the program is expected to require some $216,000 for the first two fiscal years.

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ABOUT PEOPLE

(*Continued From Page 94*)

Sister Erharda, administrator of St. Elizabeth Hospital, Lincoln, Neb., for the last six years, has been transferred to St. Francis Hospital, Colorado Springs, Colo. She has been succeeded by **Mother M. Asella,** who before her transfer to St. Joseph's Convent, Denver, had served for 24 years at St. Elizabeth, first as surgical supervisor and then for six years as superior and administrator.

Leon Bennet-Alder has been named administrative director of Chicago Osteopathic Hospital, Chicago. He had been administrator of the North Country Hospitals, a group of three hospitals serving a rural New York area. He had also served previously as administrator of Victoria Hospital, Winnipeg, Manit. A graduate of the University of Western Ontario, Mr. Bennet-Alder took his postgraduate work in hospital administration at the University of Toronto.

Leon Bennet-Alder

Andre Walker has been appointed administrative assistant of St. John's Episcopal Hospital, Brooklyn, N.Y. He is a graduate of Columbia University School of Hospital Administration and formerly was on the administrative staff at Middlesex General Hospital, New Brunswick, N.J.

Andre Walker

Arnold E. Mouish has been appointed assistant manager of the Veterans Administration Hospital, Battle Creek, Mich. He was formerly assistant manager of V.A. Hospital, Newington, Conn. Mr. Mouish is a graduate of Northwestern University's program in hospital administration where he was awarded the Malcolm T. MacEachern award.

Arnold Mouish

William V. Mays has been named associate administrator of Methodist Hospital, Dallas. He had served the hospital as assistant administrator since 1956. Mr. Mays received his master's degree from Northwestern University and is a member of the American College of Hospital Administrators.

James A. Warden has been appointed to the newly created position of assistant director of North Carolina Memorial Hospital, Chapel Hill, and instructor in hospital administration at the University of North Carolina. Mr. Warden is a graduate of the course in hospital administration of Duke University and was formerly administrator of Shenandoah Hospital, Roanoke, Va.

James A. Warden

Glen R. Clark has assumed his duties as administrative assistant of Baptist Memorial Hospital, Gadsden, Ala. He is a graduate of the course in hospital administration at the University of Minnesota.

Frederick G. Whelply, administrator of Wyandotte General Hospital, Wyandotte, Mich., for the last eight

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years, has been named administrator of Bayonne Hospital, Bayonne, N.J. He succeeds **Gerhard A. Krembs,** whose new appointment was announced in The MODERN HOSPITAL last month. Mr. Whelply is a graduate of the University of Michigan and has a master's degree from Northwestern University. He is a fellow of the American College of Hospital Administrators and has been president of the Greater Detroit Area Hospital Council.

Sister M. Theophane, C.S.F.N., has been appointed administrator of Mother Frances Hospital, Tyler, Tex. She was formerly night administrator at St. Mary of Nazareth Hospital, Chicago. She had also been assistant administrator at Bethania Hospital, Wichita Falls, Tex. Sister Theophane has master's degrees from St. Louis University and DePaul University, and a professor's diploma from Sorbonne University, Paris. She is a nominee of the American College of Hospital Administrators. The order also announced the appointment of **Sister M. DeChantal, C.S.F.N.,** as administrator of Bethania Hospital, Wichita Falls, Tex. She had previously served at Nazareth Hospital, Mineral Wells, Tex., and St. Mary of Nazareth Hospital, Chicago. Sister DeChantal is a graduate of Northwestern University's program in hospital administration and is a member of the American College of Hospital Administrators.

Edward B. Jones, for the last year assistant administrator at Passavant Hospital, Pittsburgh, has joined the University of Pittsburgh Health Center staff as executive assistant. Mr. Jones has a bachelor's degree from Duke University and a master's degree in hospital administration from the University of Pittsburgh Graduate School of Public Health. He previously served at City Memorial Hospital, Winston-Salem, N.C.; West Penn Hospital, Pittsburgh, and Sewickley Valley Hospital, Sewickley, Pa. He succeeds **John C. Dumas,** whose new appointment was announced in The MODERN HOSPITAL in October.

Fabiola Torrison, administrator of Columbia Basin Hospital, Ephrata, Wash., for the last 10 years, has resigned to be administrator of West Shoshone General Hospital, Kellogg, Idaho. Mrs. Torrison is a fellow of the American College of Hospital Administrators.

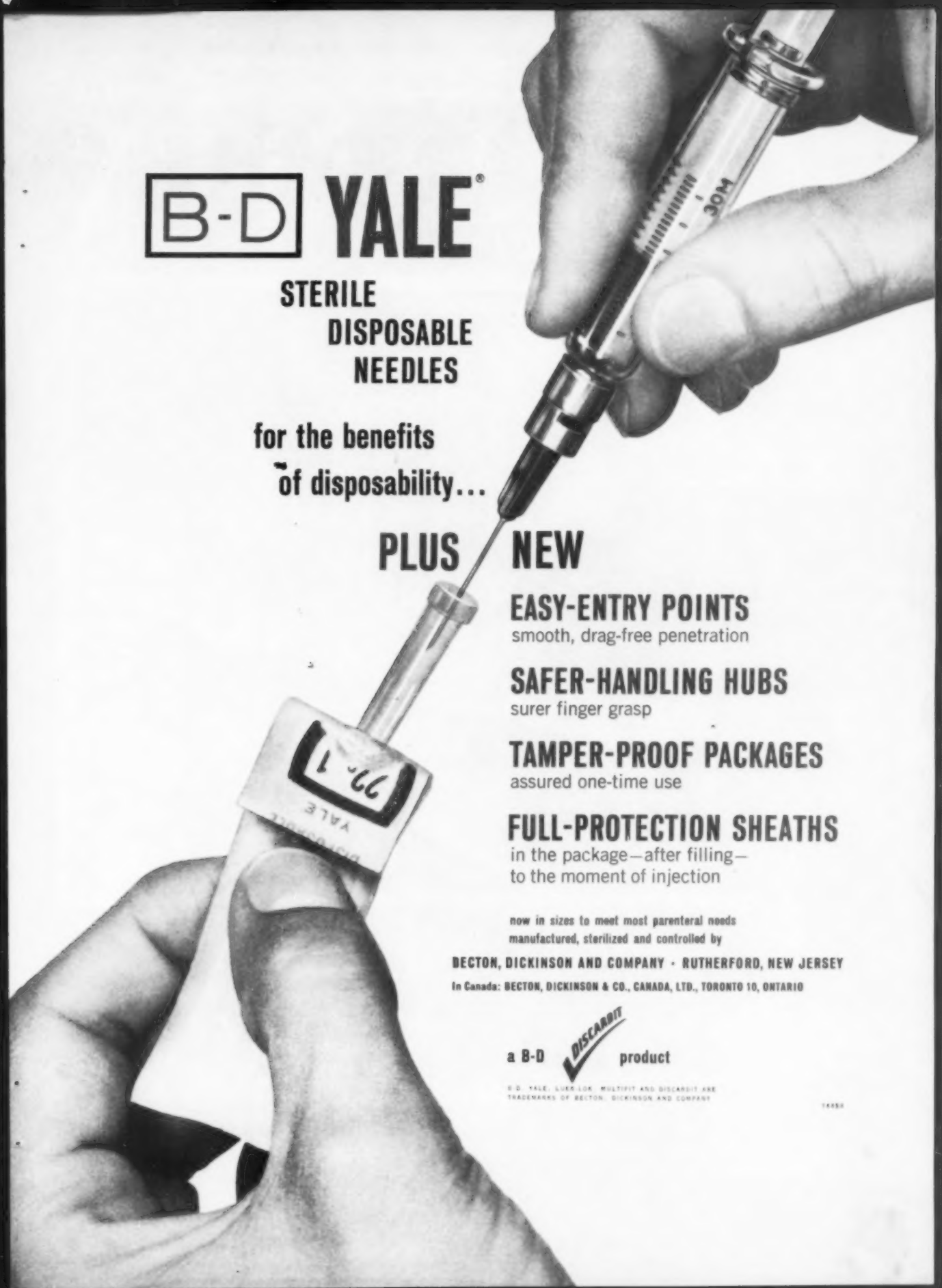
L. Edward Naegeli, formerly assistant administrator of Capitol Hospital, Milwaukee, has assumed his duties as administrator of Faith Memorial Hospital, Faith, S.D., succeeding **Julia Schuh,** who recently moved to Wyoming.

Harold G. Michaels has been appointed assistant to the director of University of Maryland Hospitals, Baltimore. He was formerly assistant professor in hospital administration at Emory Universiy. He is a graduate of the University of Pittsburgh Graduate School of Public Health.

Marvin Baird, administrator of Municipal Hospital, Watonga, Okla., has resigned to resume his studies at the University of Oklahoma School of Medicine. He has been succeeded by **Ira Barton,** former administrator of Thomas Memorial Hospital, Thomas, Okla.

Joseph G. Bertolami has been appointed administrator of Kendall Hospital, South Miami, Fla. He is a graduate of Columbia University in hospital administration and is a nominee of the American College of Hospital Administrators.

Roland D. Olen has assumed his duties as administrator of Holy Redeemer Hospital, Meadowbrook, Pa.



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He was until recently administrator of Maumee Valley Hospital, Toledo, Ohio. He has a master's degree in hospital administration from Catholic University.

Marcus E. Drewa has been named assistant to the director at Baptist Memorial Hospital, Kansas City, Mo. The hospital is scheduled for completion in December. **Karl T. Stanton** was appointed director of plant operation and maintenance.

Allen Podell has been appointed administrator of Brooklyn Hebrew Home and Hospital for the Aged, Brooklyn, N.Y. He was formerly assistant administrator at the hospital division.

Dr. Robert H. Vadheim has resigned as director of the University Infirmary, Gainesville, Fla., to go into industry. His successor is **Dr. S. S. Wright.**

Margaret Bull Armstrong has been appointed administrator of Calhoun General Hospital, Grantsville, W. Va., a new hospital nearing completion. Mrs. Armstrong was formerly director of nursing at Thomas Memorial Hospital, South Charleston, W. Va.

Sister Theresa Lanfest has been named administrator of St. Joseph's Hospital, Nashua, N.H., succeeding **Sister Rose Letellier.** Sister Lanfest had been serving for the last two years as director of nursing service and assistant administrator of the hospital. Previously she served at Holy Ghost Hospital, Cambridge, Mass.

Rodger C. Johnson, formerly assistant administrator of Trinity Lutheran Hospital, Kansas City, Mo., has accepted the post of administrator of Lawrence Memorial Hospital, Lawrence, Kan.

Aden Clump has resigned as administrator of Newport Hospital, Newport, N.H., after three years in the position. **Ruth Nason,** medical secretary and head of the office staff, has been appointed acting administrator of the hospital.

Margaret Arnold, administrator of Lakeview Hospital, Danville, Ill., for the last 27 years, has retired. She is a past president of the Illinois Hospital Association and has been a member of the House of Delegates of the American Hospital Association.

Phil N. Rosekrans has been named administrator of Tyrone Hospital, Tyrone, Pa., succeeding **Robert Raker,** whose new post was announced in The MODERN HOSPITAL last month. Mr. Rosekrans studied at Cazenovia Business College and Syracuse University. He was formerly administrator of Onodaga General Hospital, Onodaga, Pa.

Jack F. Flood has been appointed administrator of East Coast Hospital, St. Augustine, Fla., to succeed **Claude L. Weeks,** whose resignation was announced by The MODERN HOSPITAL in September. Mr. Flood was formerly administrator of Palm Beach General Hospital, Lake Worth, Fla.

W. J. Anderson, formerly administrator of Cambridge Community Hospital, Cambridge, Ohio, has been appointed administrator of St. Mary's Camden County Hospital, now under construction at St. Mary's, Ga.

George Brotherton has resigned as administrator of John Peter Smith Hospital, Ft. Worth, Tex.

Bradford Jameson has been appointed assistant administrator of Cortland Memorial Hospital, Cortland, N.Y. He is a graduate of the University of Michigan school of hospital administration.

Brian Adlington, administrative assistant in charge of purchasing at Cedars of Lebanon Hospital, Los An-

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geles, has been made assistant administrative director of the hospital. Before going to Cedars of Lebanon a year ago, he served as assistant administrator of St. Luke's Hospital, Spokane. He attended Washington State University.

Howard Campbell, assistant administrator of Wadley Memorial Hospital, Texarkana, Tex., has been named administrator of Hillcrest Osteopathic Hospital, Oklahoma City. He succeeds **Robert Birdwell,** who resigned to accept a position with the Oklahoma Medical Research Foundation.

Bruce R. Sanderson, formerly associate director of Palo Alto-Stanford Hospital Center, Palo Alto, Calif., has been named assistant administrator of Long Beach Community Hospital, Long Beach, Calif.

John R. Doht has been appointed administrative assistant at Blessing Hospital, Quincy, Ill.

Department Heads

George R. Gossett, former purchasing agent for Polyclinic Hospital, Cleveland, has been appointed purchasing agent for Johns Hopkins Hospital, Baltimore. He succeeds **Hubert O. Johnson,** now director of purchasing for the University of Rochester. The hospital also announced the appointment of **Dorothy C. Unger,** former director of volunteers at the University of Maryland Hospital, to succeed **Margaret L. Ward** as director of volunteer services. Miss Unger is president of the Maryland council of directors of volunteer services.

Fred A. Botting has been named public relations representative for the Hospital Center at Orange, Orange, N.J. He had been serving as an assistant in the public information division of the American Hospital Association and was formerly director of public relations for three and one-half years at Memorial Hospital, Wilmington, Del. Mr. Botting has a bachelor's degree from Boston University School of Public Relations and Communications.

Fred A. Botting

Earl F. Strub has been appointed supervisor of central supply service at Doctors Memorial Hospital, Minneapolis. For the last five years he had been at University of Minnesota Hospitals, where he was hospital supply processing supervisor. Mr. Strub is a graduate of the College of Medical Technology, Minneapolis, and received a bachelor's degree from the University of Minnesota.

Corrynne M. Wilde has been appointed executive housekeeper at Norton Memorial Infirmary, Louisville, Ky. For the last 11 years she had been executive housekeeper at Memorial Mission Hospital, Asheville, N.C. In 1956 Mrs. Wilde was recipient of one of 10 nationwide hospital housekeeping scholarships offered by the University of Michigan. Mrs. Wilde is a member of the National Executive Housekeepers Association.

Dr. Robert P. Rowland, formerly with Mount Sinai Hospital, Cleveland, has been appointed purchasing agent at Danbury Hospital, Danbury, Conn. He is a former president of the Cleveland Hospital Buyers group.

Geraldine Mardis has been appointed medical social worker at Rest Haven Rehabilitation Hospital, Chicago. She received her bachelor's and master's degree in social service from the University of Chicago. Mrs. Mardis was previously on the staffs of Michael

Reese Medical Center, Chicago, and Cook County Bureau of Public Welfare.

Joseph A. Moore has resigned as public relations director of East Orange General Hospital, East Orange, N.J., to become public relations manager for Baxter Laboratories, Inc.

Olive I. Ashford has been named chief dietitian on the staff of St. Clare's Hospital, Schenectady, N.Y. She is a graduate of the University of New Hampshire and did postgraduate work at Boston University. Miss Ashford is a registered dietitian and a member of the American Dietetic Association. She formerly served at Chelsea Memorial Hospital, Chelsea, Mass., Brooklyn Hospital, Brooklyn, N.Y., and St. Mary's Hospital, Hoboken, N.J.

Edythe Gring Kistler, R.N., has been appointed associate director of nursing education at Hahnemann Medical College and Hospital, Philadelphia. She was director of nurses and principal of the school of nursing at Lancaster General Hospital, Lancaster, Pa., from 1949 until August 1959. For five years prior to that Mrs. Kistler had been director of nurses and principal of the school of nursing at Woman's Medical College Hospital, Philadelphia. She is a former area president of the Pennsylvania League of Nurses and has served as a member of the board and on various committees of the state league.

Eleanor Smith, R.N., has been appointed director of the Methodist-Kahler School of Nursing, Rochester, Minn. She had been serving as acting director for the last two years. She had been a member of the faculty for several years as instructor and associate director. Previously she was a director of nursing service at Rochester Methodist Hospital, Rochester, Minn.

John J. Delany has been appointed to the newly created post of personnel director of St. Joseph's Hospital, Paterson, N.J. He had been personnel director at St. Vincent's Hospital, New York, for several years.

Margaret Baker, R.N., has been named director of nurses at Boone County Community Hospital, Albion, Neb. She succeeds **Marian Kelley,** who resigned the position, but will continue on the staff.

George Burik has been appointed personnel director of Ohio Valley General Hospital, McKees Rocks, Pa. A graduate of Duquesne University, Mr. Burik has been an employe of the hospital since 1952.

Dr. Joseph W. Davidson Jr. has been named director of medical education at Methodist Hospital, Dallas. Dr. Davidson is a graduate of Southwestern Medical School and had been in private practice in Dallas.

Leola R. McCormack has been named director of nursing at Rehabilitation Institute, Chicago. She had previously been director of nursing education at Franklin Hospital, San Francisco, and at South Chicago Community Hospital, Chicago. Prior to that, Miss McCormack was assistant professor at the University of California and associate professor at Montana State College.

The Rev. W. W. Ward, who has served for several years as chaplain of Harris Hospital, Fort Worth, Tex., has been named to the newly created post of director of public relations at the hospital.

Milton Feld has been named coordinator and prevocational counselor for rehabilitation service of Hospital Center, Orange, N.J. He had been with the departments of health and hospitals in New York, where he was also connected with the rehabili-

tation service at Bellevue Medical Center. Mr. Feld has a master's degree in vocational rehabilitation from New York University. The center also announced the appointment of **Mason Philip Wakstein** as speech and hearing pathologist-therapist for the rehabilitation service. Mr. Wakstein has a master's degree in education from Boston University.

Robert G. Barton is the new director of personnel and community relations at Thomas D. Dee Memorial Hospital, Ogden, Utah. He has been a therapist at Veterans Hospital, Salt Lake City, for the last six years. He replaces **Thomas R. Harris,** recently appointed director of the new county hospital, Roy, Utah.

Joan L. Brinkman has been appointed assistant director of nursing service at Doctors Memorial Hospital, Minneapolis. She has a master's degree in nursing administration from the University of Minnesota.

Leroy Henderson has resigned as purchasing agent of Northeast Mississippi Hospital, Booneville, to accept a similar post at North Mississippi Community Hospital, Tupelo.

Miscellaneous

Dr. R. C. Williams, director of the division of hospital services of the Georgia department of public health, has been appointed to a new position in the department to devote his full time to research and demonstration projects relating to hospitals. **J. M. Sitton,** former assistant director, has been named to succeed Dr. Williams as director.

Joseph J. Wesner has joined the staff of the Greater St. Louis Hospital Council, St. Louis, as director of financial studies. He was formerly employed by Massachusetts Hospital Service as consultant to the state commission to hospital costs and finances. The council also announced the appointment of **Charles W. Betcher** as research associate. Mr. Betcher took his undergraduate training in public health at the University of California and has a master's degree in hospital administration from Cornell University.

Frank Adae, assistant to the director of Tennesse Hospital Service Association, has accepted a new position with Rhode Island Blue Cross.

Ilse C. Sandmann has been appointed director of home nursing and volunteer nurse's aides at the Red Cross national headquarters, Washington, D.C. She had been director of nursing services for the European area. Miss Sandmann is a graduate of Presbyterian Hospital School of Nursing, New York, and received her bachelor's and master's degrees from Teachers College, Columbia University.

Hessel Flitter has been appointed director of research and studies, and **Robert M. Gleason** director of business administration of the National League for Nursing. A member of the N.L.N. staff since 1955, Mr. Flitter was formerly assistant professor and coordinator of curriculum and evaluation at the University of Pennsylvania School of Nursing, Philadelphia. Mr. Gleason was formerly head of the office management division for the American Management Association.

Gladys Van Benschoten, assistant to the dean of Syracuse University's school of nursing since 1952, has been named dean of the school. She succeeds **Edith H. Smith,** who retired in 1957 after 14 years as founding dean. Miss Van Benschoten has a master's degree in nursing education from Columbia University Teachers Col-

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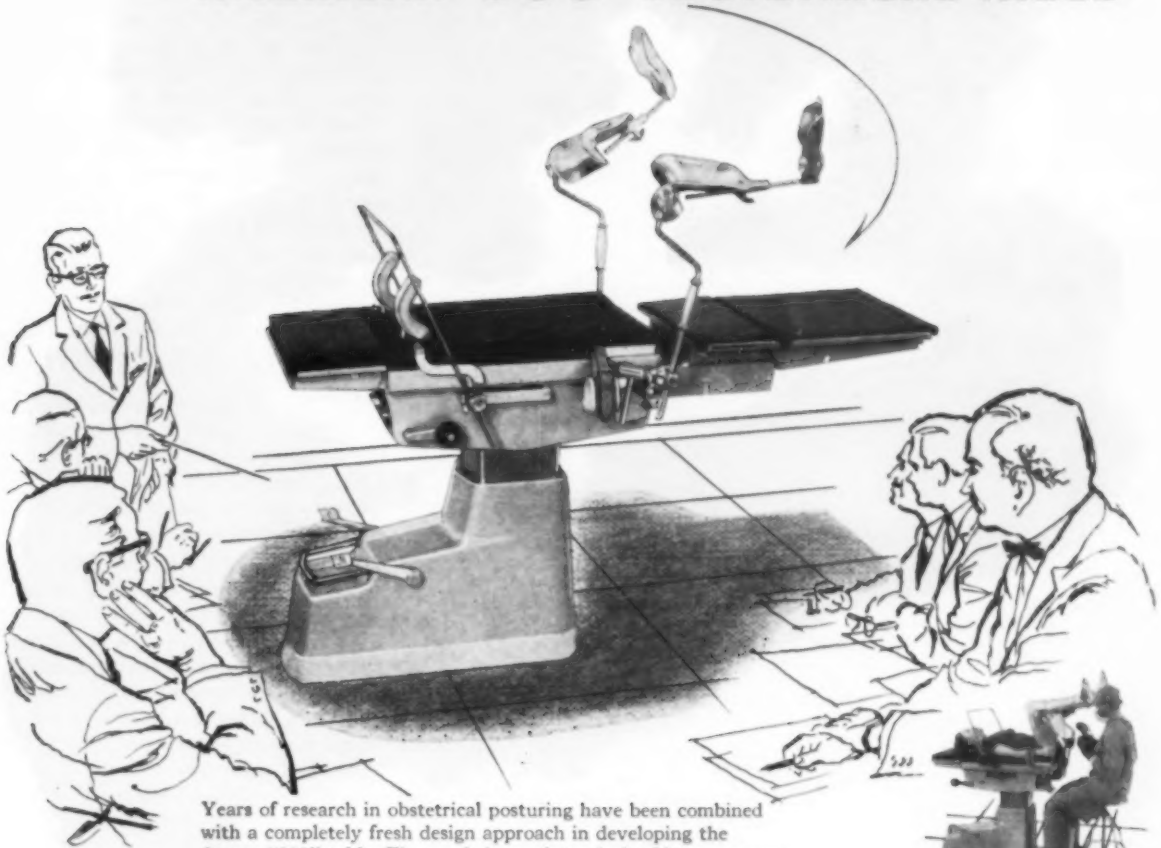

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lege. Prior to going to Syracuse, she had been assistant director of the school of nursing at Harper Hospital, Detroit, and was coordinator of educational programs between Wayne University and the hospital.

Dr. J. Allan Mahoney has joined the staff of the American Hospital Association as an assistant director of the department of professional services and secretary to the committee on infections within hospitals of the Council on Professional Practice. **William S. Schmidt** has joined the A.H.A. staff of the department of administrative services and is the new secretary to the committee on hospital organization and the committee on methods improvement.

Deaths

Dr. Kenneth W. Chapman, associate director of the clinical center, National Institutes of Health, Bethesda, Md., died September 18. He had been on the center staff since 1957. Known as an expert in the treatment of narcotics addicts, he had been with the National Institute of Mental Health as a consultant to state and community hospitals prior to his assignment to the center. He was chief of the Public Health Service Narcotics Hospital, Lexington, Ky., from 1952 to 1954 and prior to that served in Washington, D.C., as assistant chief of the division of hospitals. Dr. Chapman received his M.D. degree from Yale University. He was a fellow of both the American College of Physicians and the American Psychiatric Association, and a diplomate of the American Board of Psychiatry.

Carl Wright, for 36 years superintendent of General Hospital, Syracuse, N.Y., died September 13 at the age of 77. Mr. Wright was active in the formative years of the Hospital Association of New York State. He served as president in 1931-32. In 1933 he was appointed executive secretary and remained in that post until 1952. He retired from active hospital service in 1958.

Ward F. Crowley, controller of Maimonides Hospital, Brooklyn, N.Y., for the last 12 years, died there September 13 at the age of 52. He was a graduate of St. John's University, Brooklyn.

John Cheney Ellerbe, administrator of Fort Lauderdale Beach Hospital, Fort Lauderdale, Fla., died September 24 at the age of 44. He was formerly administrator of Fairmont General Hospital, Fairmont, W. Va., and assistant administrator of Orange Memorial Hospital, Orlando, Fla. He had done graduate work in hospital administration at Northwestern University.

Eva W. Maxon, R.N., assistant administrator of St. Luke's Hospital, Boise, Idaho, since 1951, and personnel director since 1954, died recently after a long illness. She was a member of the American College of Hospital Administrators and was active in state and local hospital and nursing organizations.

Jerome Frederick Peck, superintendent of the Binghamton City Hospital, Binghamton, N.Y., for more than 30 years, died recently at the age of 75. He was a former president of the New York State Hospital Association.

Dr. Simeon T. Cantril, director of Swedish Hospital Tumor Institute, Seattle, since 1938, died September 10 at the age of 50. He was a recognized authority on radiation. His successor is **Dr. Orliss Wildermuth,** who has been on the staff of the institute for nearly 12 years.

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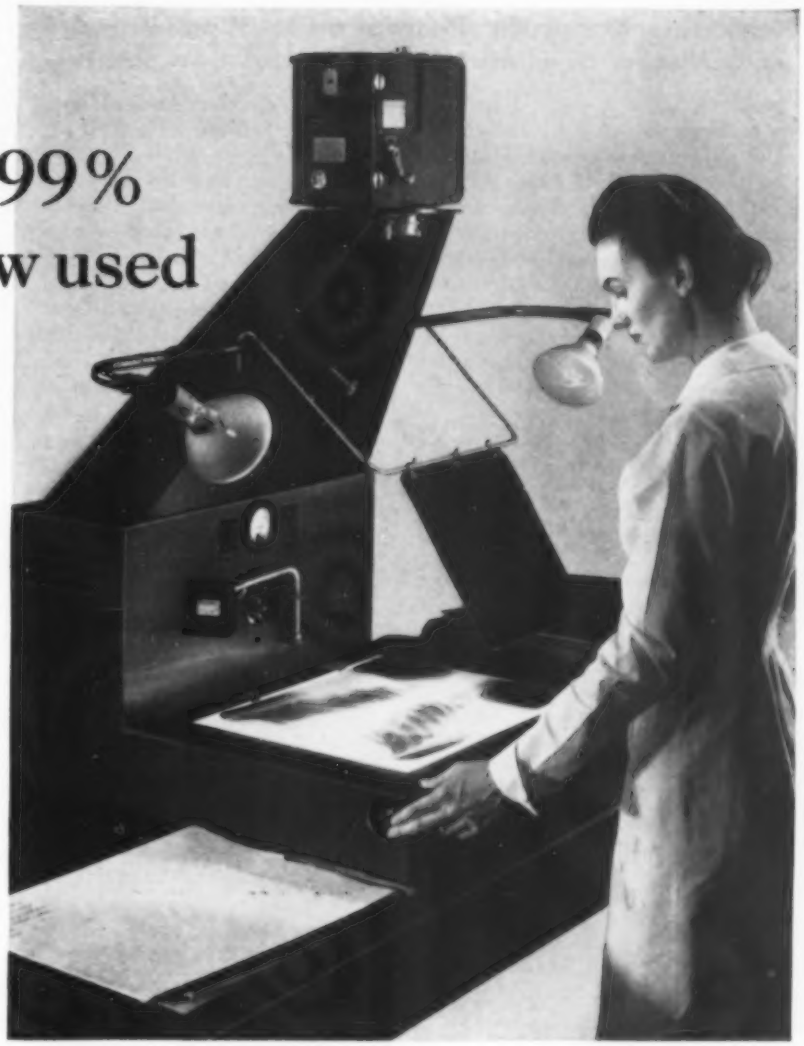

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Regional, Nonprofit Postpayment Plan Urged as a Means of Eliminating Hospital Bad Debts

CINCINNATI — A regional system for handling hospital accounts receivable similar to Blue Cross in structure was proposed here by Edward Wilz.

Mr. Wilz, assistant professor of accounting at Xavier University, made his proposal at a conference on business problems of Catholic institutions held at the university.

As described by Mr. Wilz, the system would eliminate bad debts and the "necessity of turning over accounts to a private collection agency and paying a fee of between 30 and 50 per cent."

Mr. Wilz suggested that nonprofit, hospital sponsored institutions should be set up regionally to collect overdue accounts on behalf of hospitals. "Natural boundary lines," he said, "would be those of the present Blue Cross groups. Hospital terms could be cash, assignment of insurance, 30 days net or financed by the nonprofit financial institution. The institution would handle accounts turned over to it by its members and could charge bank rates which average between 9 and 10 per cent. The profit from operations would be sufficient to hire collection experts and to cover the bad debts which the experts could not collect."

Such a system, he said, would eliminate bad debts for individual hospitals "because the proceeds from the financial institution would be sufficient to cover them." Third party purchasers of hospital services, he said, would also benefit by reduced costs.

Mr. Wilz told THE MODERN HOSPITAL that the logical organization to take the lead in originating such a program would be Blue Cross, "since they were organized to solve the credit problems of hospitals."

"If they take the lead," he said, "initial investment could be provided from the reserves of Blue Cross. Instead of investing in short-term government securities or bonds maturing in five years or less, they could invest in this nonprofit subsidiary."

Anesthetic Explosion Kills Woman During Operation

BRADFORD, PA. — An anesthetic explosion killed a young woman during an operation at Bradford Hospital here September 23, a hospital official said.

Robert Cole, hospital administrator, said a cyclopropane anesthetic exploded in its container while the patient was undergoing surgery.

The force of the blast traveled through a tube inserted into her mouth, the Associated Press quoted the administrator as saying.

Mr. Cole said that the accident appeared to have been unavoidable. "Every available precaution was taken," he said.

Accounting Award Given

BLOOMINGTON, IND. — Charles G. Roswell, director of Hospital Services Division, United Hospital Fund of New York, was named the first recipient of the Frederick C. Morgan individual achievement award in hospital accounting. The award was designed to perpetuate the significance of Mr. Morgan's activity for the American Association of Hospital Accountants. It was presented at the 17th annual A.A.H.A. institute dinner held at the University of Indiana.

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TERMS: 30¢ a word—minimum charge of $6.00 regardless of discounts. For "key" number replies add five words. Ten per cent discount for two or more insertions (after the first insertion) without changes of copy. Forms close 15th of month. The Modern Hospital, 919 N. Michigan Ave., Chicago 11, Ill.

POSITIONS WANTED

ADMINISTRATOR—Nine years experience JCAH hospitals; assistant large university hospital, presently administrator smaller hospital; MHA degree; seek administrator position in metropolitan hospital; location no particular factor; excellent references. Apply MW 67, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

ADMINISTRATOR—Top-level post in medium or small hospital or associateship or assistant position in large institution wanted by mature lay executive with long successful record; strong on organization and development, professional and public relations; Member ACHA; locate anywhere, available immediately. Box 152-M; 2 West 45 St., N.Y. 36, N.Y. Room 607.

ADMINISTRATOR—MHA, Chicago; 3 yrs. personal director; 2 years, administrator, 70-bed hospital; past 4 years, assistant administrator, 400-bed, voluntary, general hospital; excellent building program; seeks administratorship, 200-beds, up; any locality; MACHA.

COMPTROLLER—1 year, junior accountant; 5 years, comptroller, 125-bed hospital; seeks comptroller position, hospital 200-300 beds or assistant comptroller, hospital 500-600 beds; prefers Central States, will consider others; Age 29.

PATHOLOGIST—Certified, AP & CP; 2 years, director of pathology, 250-bed hospital; seeks larger town (25-100,000), no preference; desires hospital pathology, prefers directorship; age 33.

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59634—Graduate Carnegie Institute of Technology & Harvard School of Business; background as assistant administrator and methods engineer; interested in position as administrator or comptroller.

596-65—X-ray technician; available immediately; prefers location in east.

59652—Graduate Amherst College; background as purchasing agent for large professional equipment company & pharmaceuticals; interested position purchasing agent or assistant administrator.

59653—Hospital administrator, executive secretary and/or association; graduate Universisty Southern California; B.S. Business Administration & Master of Science Public Administration; broad experience public relations, labor relations and management consultation; also as executive director of Hospital Council; available immediately.

A & G MEDICAL—*Continued*

59678—Dentist; available after January 1, 1960 when military service terminates; prefers association with group or clinic or employment in institution or industry; also positions allied to dentistry; Certified by Penna. Board of Dental Examiners & National Board of Dental Examiners.

59641—Administrative assistant; graduate Penna. State University; B.S. Psychology & Business Administration; excellent background in personnel & public relations.

59611—Administrator or assistant administrator depending size hospital; graduate Florida State University; B.S. Psychology; military service completed; excellent background with Air Force Hospital.

STATISTICIAN and/or COMPTROLLER—Background includes 7 years experience with Armed Forces as statistician, including cost control.

HISTOLOGIC TECHNICIAN — Available immediately; graduate of Carnegie Institute of medical technologists.

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ASSISTANT DIRECTOR—M.S.H.A. Degree, 1958; 1 year experience, New Jersey hospital.

ADMINISTRATOR—M.A. Degree, Social Science; 10 years experience, 100-300 bed hospitals; at present hospital consultant.

ADMINISTRATOR—M.S. Degree; 6 years, manager, large institution, west coast.

RN SUPERINTENDENT—B.S. Degree; well versed in business management as well as nursing administration; 15 years experience; available.

MAINTENANCE DIRECTOR—Age 43 years; 14 years chief engineer, government transport service; 4 years, large institution, midwest.

HOUSEKEEPER—6 months training hospital housekeeping, large mid-western hospital; 4 years experience; prefers central states.

POSITIONS OPEN

ADMINISTRATOR—60-bed general hospital; building program in near future; salary commensurate with qualifications and experience. Apply MO 294, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Ill.

ADMINISTRATOR—The Community Hospital of Douglas, Michigan announces a vacancy in the position of administrator; the hospital will be an entirely new building of 30-beds and will be opened early in the year of 1960; interested applicants please apply to Mr. Fred Koning, TARA, Douglas, Michigan.

ANESTHETISTS—Nurse; for 220-bed community hospital; working with private group; two full time M.D.'s, four nurses, all agents and techniques; modernization program going on; two and one-half hours from Boston and New York. Write G. J. Carroll, M.D., William W. Backus Hospital, Norwich, Conn.

ANESTHETISTS—Opening for two anesthetists available now; 200-bed general hospital located on the near northwest side of Chicago; permanent full time positions. For details write to Executive Director, Lutheran Deaconess Hospital, 1138 N. Leavitt Street, Chicago 22, Illinois.

ANESTHETISTS—Nurse; for 180-bed general hospital in northern Minnesota; beginning salary $550.00 per month, with increase to $600.00 per month after six months; liberal fringe benefits of holidays, sick leave and vacation. Write Mr. John M. Alexon, Administrator, Virginia Municipal Hospital, Virginia, Minnesota.

ANESTHETIST—Must be graduate of Accredited School and adept at all types of inhalation and intravenous anesthesia; 170-bed Accredited Central Pennsylvania Hospital; liberal personnel policies. Contact Mr. Richard E. Cummings, Administrator, J. C. Blair Memorial Hospital, Huntingdon, Pennsylvania.

ANESTHETIST—Nurse; for 143-bed general hospital in East Tennessee; beginning salary $450.00 per month and full maintenance with increase to $500.00 per month with fringe benefits of holidays, sick leave, and vacation. Write Mr. W. W. Fanning, Administrator, Bristol Memorial Hospital, Bristol, Tennessee.

ANESTHETIST—Nurse; female; accredited modern 250-bed hospital; all new surgery wing; department directed by anesthesiologist; starting wage $500 plus liberal annual increase, three weeks vacation, health insurance, sick leave, retirement plan; American Board surgeons. Apply to Elmer J. Berg, Business Manager, Gunderson Clinic, 1836 South Avenue, La Crosse, Wisconsin.

ANESTHETIST—Nurse; 245-bed general hospital; AANA member desired; five nurse anesthetists on staff. Write Assistant Administrator detailing experience and qualifications. Memorial Hospital, Casper, Wyoming.

BUSINESS MANAGER or ADMINISTRATIVE ASSISTANT — B.S.H.A. degree or equivalent in hospital experience necessary; Capitol Hospital (35 beds) Milwaukee, Wisconsin. Address all replies to: Mrs. V. Timm, Secretary to Chairman, Board of Directors, 3944 North 20th Street, Milwaukee 6, Wisconsin.

DIETITIAN—100-bed, 26 bassinet, general, acute, non-teaching hospital; prefer A.D.A. member but any graduate will be considered; salary open, many employee benefits. Apply MO 254, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIETITIAN—Chief; A.D.A. registered, in a 218-bed fully approved general hospital with approved school of nursing; experience necessary; liberal personnel policy; democratic atmosphere; salary open; located on Hudson River, one hour from New York City. Write MO 283, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIETITIAN—Position being created by opening of 120-bed rehabilitation addition to Iowa Methodist Hospital; excellent opportunity for ADA registered hospital trained person; possibility of work in either therapeutic or administrative areas; good pay, liberal benefits. Apply Personnel Director, Iowa Methodist Hospital, Des Moines 14, Iowa.

(Continued on page 202)

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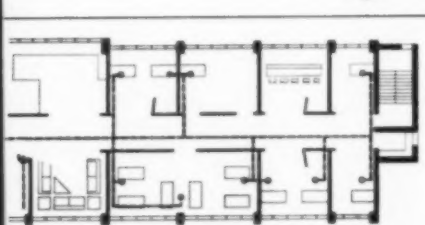

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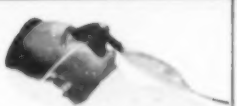

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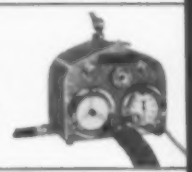

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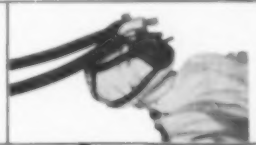

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DIETITIANS—Staff or therapeutic; ADA approved; needed at once; approved, private, non-profit, 604-bed general hospital; good employee benefits; laundry service and meals; salary open. Apply to Miss Jo Ann Brown, Personnel Director, Akron City Hospital, 525 E. Market Street, Akron, Ohio.

DIETITIANS—Staff; 2; Capitol City's largest and newest hospital; 290-adult beds; opened 1951; centralized food service, selective menu, ADA preferred, no teaching required; $4,000 starting salary range; liberal personnel policies. Apply Director of Dietetics, Charleston Memorial Hospital, 3200 Noyes Avenue, Charleston 4, West Virginia.

DIRECTOR OF NURSING SERVICE—Present director retiring; well organized department of nursing, enjoys excellent rapport with other departments; J.C.H.A. approved hospital, 289 adult beds, modern plant and equipment; located in picturesque Kanawha Valley; no school of nursing at present; prefer candidate with Master's degree and some experience either as director or assistant; progressive attitude on salary, 3 weeks paid vacation, sick leave accumulative to 30 full and 60 half days; truly a desirable position. Apply MO 293, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIRECTOR OF NURSING, SERVICE AND EDUCATION—With assistant in each area; 3 year diploma program with college affiliation; 338-bed J.C.A.H. accredited general hospital, expanding to 500-beds in 1961; excellent personnel practices; liberal starting salary. Apply MO 295, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

DIRECTOR OF NURSING SERVICE—Responsibilities; direction of nursing service in 315-bed hospital, 39 bassinets, and school of nursing; no nursing school responsibilities involved. Liberal salary, open to negotiation; 4 weeks vacation, 2 weeks per annum sick leave, accumulative to 45 days, free hospitalization over and above Blue Cross; full expenses paid each year to the national convention; financial assistance given for attendance at other meetings encouraged on state, regional, or national level; able and cooperative assistants in department; acute general hospital, situated in the middle of Connecticut; N.L.N. fully accredited school of nursing, school for x-ray technicians and laboratory technicians; fully approved intern and resident programs in surgery, medicine, pathology, obstetrics and gynecology; opening available September 1959. Call or write to Robert C. Kniffen, Managing Director, New Britain General Hospital, New Britain, Connecticut, Telephone BAldwin 3-2761.

EDUCATIONAL DIRECTOR—Immediately, to re-establish 3 year diploma program opening Fall 1960; 265-bed general hospital. Apply Director of Nurses, Bishop Clarkson Memorial Hospital, Omaha 5, Nebraska.

EDUCATIONAL DIRECTOR — December 1st or earlier, for accredited school of nursing; 270-beds modern, accredited general hospital and teaching institution for interns, residents, x-ray and laboratory technicians; school affiliated with Oberlin College and Metropolitan City Hospital for specialties; progressive community near universities; excellent personnel policies; salary commensurate with degree and experience. Write Director of Nursing, Elyria Memorial Hospital, Elyria, Ohio.

CHIEF ENGINEER—400-bed hospital; A.B. Degree in Engineering with 5 to 10 years hospital experience; salary open, Central Pennsylvania. Apply MO 290, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

HOUSEKEEPER — Head; experienced, charge linen, janitor and maid service; 200-bed hospital; vacation and fringe benefits; southern California, two hours from ocean, mountains, desert, and Hollywood. Write Administrator, Pomona (California) Community Hospital.

HOUSEKEEPER—Assistant; 185-bed modern hospital; to serve as full assistant in an expanding department, capable of training and instruction, 2 years hospital experience desired; liberal employee benefits; salary open. Apply to Executive Housekeeper, Mount Sinai Hospital, Hartford 12, Connecticut.

INSTRUCTORS — Medical-surgical; fundamentals of nursing; and medical-surgical specialties; 225-bed hospital; N.L.N. provisionally accredited school of nursing, 100 students; B.S. and teaching experience desirable; liberal personnel policies; minimum salary for qualified person $400 per month. Apply to Director of Nursing Education, Allen Memorial Hospital, Waterloo, Iowa.

(Continued on page 204)

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POSITIONS OPEN

INSTRUCTOR—Nursing arts; for 88-bed hospital located within radius of 1 hour from Detroit, Lansing or Ann Arbor, to organize and institute an in-service education and training program; considerable experience could substitute for a degree; starting salary $4,212 to $4,519 at 1 year; state experience and qualifications. Write Administrator, McPherson Community Health Center, Howell, Michigan.

INSTRUCTOR—150-bed hospital with a student body of 70 students; modern facilities; located in central Pennsylvania; must have degree; good salary to start; please send background information and salary wanted, to the Clearfield Hospital, Clearfield, Pennsylvania.

LIBRARIAN—Medical record; registered or eligible for registration, to head medical records unit in 3000-bed State mental hospital; standard nomenclature; many excellent benefits; 35 hour week; starting salary open depending on background; annual increases to $6178; near New York City and Central Jersey shore resort areas. Contact Personnel Director, New Jersey State Hospital, Marlboro, New Jersey.

LIBRARIAN—Medical record; RRL or eligible; complete charge of department, 5 day, 40 hour week, 148-bed, general, short term, JCAH approved hospital; vacation, sick leave and holidays; salary commensurate with ability and experience. Write: Administrator Miners Hospital of Northern Cambria, Spangler, Pennsylvania.

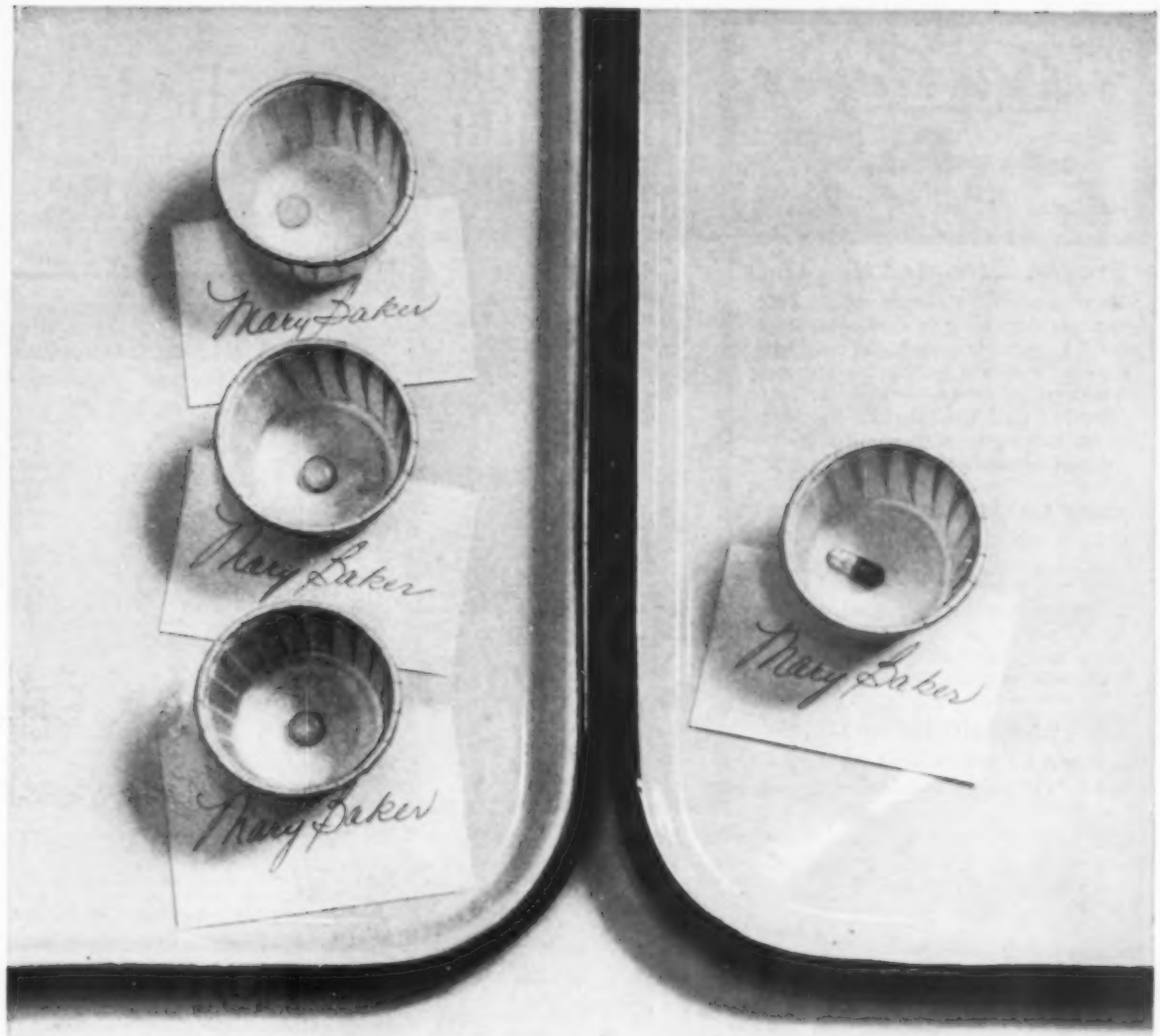
MISCELLANEOUS—OBSTETRICAL SUPERVISOR & INSTRUCTOR, CLINICAL INSTRUCTOR, AND NURSING ARTS INSTRUCTOR; 115-bed JCAH approved hospital with diploma school of nursing; B.S. degree and experience preferred. Contact Director of Nursing, Naeve Hospital, Albert Lea, Minnesota.

INSTRUCTOR IN FUNDAMENTALS OF NURSING—CLINICAL INSTRUCTOR, MEDICAL-SURGICAL NURSING; Good personnel policies; cooperative staff; modern well-equipped 385-bed hospital, thirty minutes from New York City; attractive location on Long Island Sound. Apply Director of Nursing, New Rochelle Hospital, New Rochelle, New York.

NURSES—Registered; for delivery room; operating room and general duty; starting salary $300.00 per month; differential for afternoon and night duty; 40 or 44 hour week; excellent working conditions in newly renovated 150-bed obstetrical and gynecological hospital. Apply Director of Nursing, Columbia Hospital for Women, 2425 L Street, N. W., Washington 7, D. C.

NURSES—Staff; positions in all clinical areas including psychiatry and respiratory center in new 800-bed air-conditioned hospital; 40 hour week; 3 weeks vacation annually; sick leave; beginning salary $300 monthly; periodic increments; opportunity for college study through bachelor's degree program. Write Director of Nursing Service, Eugene Talmadge Memorial Hospital, Medical College of Georgia, Augusta, Georgia.

(Continued on page 206)



Why should the nurse make three trips when she can do the job in one?

Only one trip with Spansule® brand sustained release medication is necessary because a single oral dose provides prompt therapeutic effect that lasts all day or all night long. Trials with 'Spansule' capsules in a 318-bed hospital led to this comment by the Chief of Medical Service[1]: "The marked decrease in both the number of visits needed to distribute the medication and the amount of effort needed to prepare it for distribution saved valuable time for the institution's personnel."

Your local S.K.F. representative will be glad to discuss with you the advantages of 'Spansule' medication (including price).

Smith Kline & French Laboratories, Philadelphia first ⧗ in sustained release oral medication

1. Messeloff, C.R.: Hospitals 29:122.

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POSITIONS OPEN

NURSES—Registered; operating room and general duty for 350-bed hospital in western suburb, 16 miles west of Chicago's loop; starting salary for experienced operating room nurses $350; starting salary for general duty $325; differential of $15 for P.M. and night shifts; compensation of $2 a day for weekend duty, 6 paid holidays and other liberal benefits. Apply Mrs. Strong, Personnel Director, Memorial Hospital, Elmhurst, Illinois.

NURSES—City of Detroit for emergency hospital or communicable disease hospitals; general duty $392 month; head $433 month; supervisor $479 month. Write Detroit Civil Service Commission, 612 City-County Building, Detroit 26, Michigan.

NURSES—Staff; female; supervisors and general duty, neurosurgical and medical wards, 40 hours, 5 day week, 1 month vacation after 1 year, no rotating shifts; salary based on qualifications and experience. Apply St. Barnabas Hospital, 183rd Street & 3rd Avenue, New York 57, New York. CY 5-2000

NURSES—Operating room; for expanding 407-bed general hospital located on the Long Island Sound just 45 minutes from the heart of New York City; starting salary $315 plus 2 meals per tour, semi-annual increases for 3 years; $15 bonus paid for each stand by and call night; paid vacation according to tenure up to 28 days, 8 paid holidays, paid sicktime, social security; scholarship aid available for continued collegiate study. Apply Operating Room Supervisor, New Rochelle Hospital, New Rochelle, New York.

NURSES—Registered; for 50-bed general hospital; approximately 7,000 population; 48 hour week, 2 weeks paid vacation after one year; sick leave, holidays, liberal personnel policies; nurses residence available; starting salary $375 a month and full maintenance. Write Administrator, Coon Memorial Hospital, Dalhart, Texas.

PHARMACIST—Registered; male or female; for 400-bed general hospital in Hawaii; liberal personnel policies, hospitalization coverage, group life insurance, retirement, 40 hour week; state salary desired. Write Personnel Director, The Queen's Hospital, P. O. Box 861, Honolulu, Hawaii.

PURCHASING AGENT—400-bed hospital; experience in hospital purchasing; salary open; Central Pennsylvania. Apply MO 291, The Modern Hospital, 919 N. Michigan Ave., Chicago 11, Illinois.

SUPERINTENDENT—Assistant; east; responsible for direction of non-professional departments; must have sound hospital accounting background with experience in credit and collections; liberal vacation, sick leave, and fringe benefits; salary open. Apply to MO 261, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

SUPERVISOR—Obstetical; for 400-bed general hospital completing large addition; fully approved by Joint Commission; intern-resident program, fully accredited school of nursing, salary open; liberal benefit program; 4 weeks vacation. Apply Personnel Director, Christ Hospital, Cincinnati 19, Ohio.

(Continued on page 208)

classified advertising

POSITIONS OPEN

SUPERVISORS—Excellent opportunities for qualified nurses, in new 200-bed wing to open with extensive clinic facilities modern equipped; fully approved by Joint Commission; intern-resident program, fully accredited school of nursing; liberal benefit program, 4 weeks vacation. Apply Personnel Director, Christ Hospital, Cincinnati 19, Ohio.

TECHNICIAN — Supervising laboratory; $412-$502, liberal fringe benefits; requires college graduation plus two years experience, 183-bed County Hospital in resort area near San Francisco. Apply Santa Cruz County Personnel Department, 105 Soquel Avenue, Santa Cruz, California.

TECHNICIAN—Laboratory; Western New York area; A.S.C.P. membership desirable but not essential; in applying give qualifications and references; liberal vacation, sick leave and fringe benefits; salary open. Apply to MO 274, The Modern Hospital, 919 N. Michigan Avenue, Chicago 11, Illinois.

TECHNOLOGISTS—Medical; Modern 260-bed, Cumberland Valley Hospital, fully approved; college town; 40 hour week and usual fringe benefits; automatic annual increments, salary open. Apply F. J. O'Brien, Administrator, Chambersburg Hospital, Chambersburg, Pennsylvania.

TECHNICIAN—Laboratory; preferably registered A.S.C.P.; 37-bed modern hospital; tourist community; top salary and side benefits; modern well-equipped laboratory; apply Administrator, St. Croix Valley Memorial Hospital, St. Croix Falls, Wisconsin.

The Medical Bureau
M. BURNEICE LARSON—DIRECTOR
Telephone DElaware 7-1050
900 N. MICHIGAN AVENUE, CHICAGO

ADMINISTRATORS—(a) Administrator to direct program involving home for aged and hospital to care for 600 people; in addition to expansion of hospital and home, apartments are to be built involving a large-scale housing project on forty-three acres of land. Our clients have asked us for recommendations and have stated that actual experience in a building program will be required. (b) Medical Director, voluntary, non-profit 250-bed hospital; university city, New York state; $20,000 the first year with future earnings depending upon success of the director. (c) Administrator, 225-bed hospital; building program completed in 1957; suburb of large city in Michigan; beginning salary $10-$13,000 bracket, with advances and no designated ceiling; Master's degree and several years experience required. (d) Administrative assistants capable of handling personnel and public relations; university city, 100,000; college degrees and preferably Master's Degree in 500-bed teaching hospital; east. (e) Assistant superintendent; county hospital; 100-

(Continued on page 210)

Seven-Up's "SECOND LABEL" should be your FIRST THOUGHT

Purity was never more self-evident. The back of every 7-Up bottle proves it. On this "second label" an ingredients listing proudly tells what 7-Up contains. Nothing more, nothing less.

Water treated to be colorless, odorless, tasteless; then carbonated. *Sugar* that meets standards more rigid than those for table sugar. *Citric acid*, the natural acid present in citrus fruits. *Sodium citrate* to help develop the fresh, clean taste of 7-Up. *Natural oils* pressed from fresh lemon and lime peel, and super-refined to select and concentrate only the most desirable parts of their pure, natural flavors.

Seven-Up is exactly what our "second label" says it is . . . finest quality which you may recommend with confidence.

Nothing does it like Seven-Up!

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POSITIONS OPEN

MEDICAL BUREAU—*Continued*

beds; building program will increase to 200; assistant should be qualified to take charge of business office, serving as assistant during director's absence; Texas. (f) Assistant Director, Teaching hospital affiliated with medical school and principal hospital for teaching obstetrics; east. (g) Young man to direct medical administrative activities of the various departments of a medical school center in the south; Salary $7500 to $10,000; MH11-1

ADMINISTRATIVE PERSONNEL: (a) Office manager-comptroller, 480-bed hospital near Lake Michigan; $8-10,000; (b) Executive director, state hospital association; desirable location; $12-15,000; (c) Personnel director for hospital association; experienced personnel training and job evaluation; $8500-10,000, plus travel; (d) Public relations-fund raiser, well established 300-bed hospital; $8-10,000; south; (e) Engineer-superintendent of buildings and grounds, 400-bed hospital near industrial center, $7500-10,000; midwest; (f) Food service director; university medical center; 200 employees in department; exceptional administrative opportunity; leading eastern city; MH11-2

ANESTHETISTS—(a) Share service with another; 125-bed hospital, lake resort Wisconsin, to $8500; (b) Anesthetist also act as assistant administrative small veterans hospital, Pacific Islands; MH11-3

DIETITIANS—(a) Chief, 390-bed hospital near N.Y.C. expansion to 450; $7200; (b) Therapeutic with administrative ability for large renowned L.A. hospital; excellent opportunity for advancement; California; (c) Chief, leading university medical center, 600-bed hospital on campus; $6750; south; MH11-4

DIRECTORS OF NURSING—(a) Director, nursing service, university medical center; 450-bed hospital; midwest; top salary; (b) Director of nurses, large psychiatric hospital east and midwest; $9000; (c) Director nursing service and school; 400-bed general hospital, south; $8500; (d) Director of nurses 100-bed hospital on university campus; West Mountain State $6000 up; (e) Director of nurses modern 50-bed hospital near Bar Harbor and ocean resorts; excellent opportunity. MH11-4A

EXECUTIVE HOUSEKEEPERS—(a) Assistant to become Chief, 500-bed hospital; most desirable California location; good financial opportunity; (b) Male preferred for large hospital, five buildings; exceptional opportunity for dependable skilled person with initiative; MH11-5

MEDICAL RECORD LIBRARIANS—(a) Chief; 350-bed hospital near New York City; start $6000; (b) Manage well organized department, new, modern hospital, California, $6000 up; (c) Assume responsibility for records of 75-bed hospital, Michigan; need not be registered; $5000. MH11-6

NURSE ADMINISTRATORS—(a) Small hospital coastal Alaska; (b) 50-bed childrens hospital; south; MH11-7

(Continued on page 212)

THE BIRMINGHAM BAPTIST HOSPITAL provides ultra-modern hospital facilities for its many patients.

NATIONAL WINDOW POSTING MACHINES in both units of the hospital provide maximum audit control over Patients' Accounts.

INTERNAL HOSPITAL RECORDS are handled with ease by this National "31" Multiple Duty Accounting Machine.

P. H. TAYLOR, COMPTROLLER of Birmingham Baptist Hospital, Birmingham, Ala.

"Our *National* System pays for itself every 18 months . . . returns 67% on our investment annually!"

—Birmingham Baptist Hospital, *Birmingham, Alabama*

"We have two units in our hospital, each using a National 2000 Hospital Window Posting Machine for posting charges and payments to our Patients' Accounts Receivable Ledgers.

"We find it most economical to use the National '31' accounting machine in our centralized bookkeeping section. This versatile machine handles our bi-weekly payroll for more than 450 employees, our entire accounts payable, and also our hospital general ledger, where we process records for 25 departments with month- and year-to-date balances.

"The most important advantage of the National System to us is that all records are maintained currently on a day-to-day basis. No peak periods with end-of-month recap summary sheets. Elimination of extra hours of auditing labor in locating errors and making adjustments to accounts. Accurate, up-to-the-minute records of our Patients' Accounts are appreciated by our cashiers, auditing staff, collections section, and by our patients.

"Our National System pays for itself every 18 months through savings realized in operating costs over our previous system, a return of 67% of our equipment investment each year."

P. H. Taylor

Comptroller
Birmingham Baptist Hospital

Your hospital, too, can benefit from the time- and money-saving features of a National System. Nationals pay for themselves quickly through savings, then continue to return a regular yearly profit. National's world-wide service organization will protect this profit.

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POSITIONS OPEN

ADMINISTRATORS—(a) Medical director; 30 federated industrial groups; 60,000 members; staff of 63 MD's; prefer Board internist; very substantial; retirement program. (b) Small, voluntary, general hospital; $10-12,000; east. (c) 250-bed, municipal, general, JCAH hosp; report to 5 man city commission; $10-13,000; increases; no set ceiling; town, 40,000; mideast. (d) Male or female; 50-bed JCAH hospital; $6,400, significant increases; west-north-central. (e) Voluntary, JCAH, general 120-bed hospital; cooperative Board; town 25,000; Texas. (f) Small hospital; $5500-$8500; mid-south. (g) Assistant; very small hospital; $6-7,000; midwest; become administrator, short-time, about $9,000. (h) Associate administrators; 2 required; large, general hospital organization; JCAH; 250-beds, Ill.; 150-beds, Mich; $8,000. (i) Assistant; 200-bed, obgyn, medical-school-affiliated, JCHA hospital; $6-7,000; educational center, east.

ADMINISTRATIVE POSTS—(j) Administrative assistant; recent HA graduate with collections experience; 400-bed, general, fully approved hospital; about $5-6,000; west-north-central. (k) Accountant-office manager; 325-bed, fully-approved hospital, expanding; salary open—will be attractive; central. (l) Business manager; strong administrative qualities; supervise 45 employees; 400-bed, general, voluntary, fully-approved hospital; $7200; large city, midwest.

DIRECTOR OF NURSES—(m) M.S., supervisory experience; direct service & school, 300-bed, general hospital unit, important midwest university medical school; potential 440-beds; lovely community 35,000. (n) To head department, new 150-bed, general hospital opening early 1960; residential suburb, lovely southern university city.

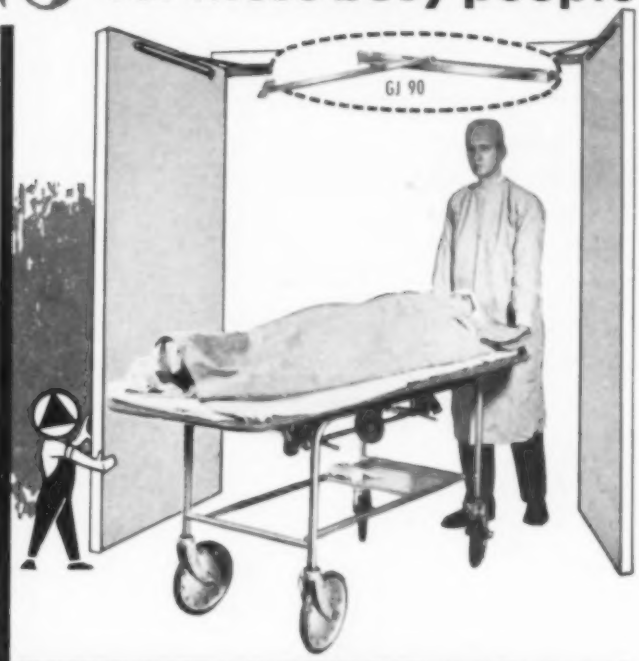
EDUCATIONAL DIRECTORS—(o) M.S. preferred; assist in organization, fully-accredited school; excellent faculty, physical plant; 300-bed, general hospital; residential city 25 miles from excellent university area; midwest; (p) Assistant; voluntary general hospital, 150-beds; $5500; New England resort, college town 15,000.

EXECUTIVE HOUSEKEEPERS — (q) Medical school affiliated general hospital, 375-beds; large university center, New England. (r) Full charge department, new 400-bed, general hospital opened summer 1959; southwestern university city 200,000.

NURSE ANESTHETITST—(s) Voluntary, general hospital, 400-beds, expanding to nearly 600 soon; $6,000 plus ample call; Florida resort community. (t) Staff; 250-bed, general hospital; $6800, maintenance Chicago suburb.

(Continued on page 214)

let GJ HOLD DOORS for these busy people



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POSITIONS OPEN

WOODWARD—Continued

PHYSICAL THERAPY—(u) Chief; 2 hospitals & affiliated 7 dr clinic; $5400; California coastal city; (v) Full charge department, will be responsible development enlarged facilities; 140-bed, general hospital; town 20,000, east.

A & G MEDICAL PERSONNEL AGENCY
834 Second Street
Lancaster, Pennsylvania

RADIOLOGIST—Opportunity in Hawaii; immediate placement.

PSYCHIATRIST—1700-beds; mental hospital; salary to $20,000; hospital will pay travel expenses for interview.

BIOCHEMIST—M.A. Biochemistry; 215-beds; personal interview arranged.

EDUCATIONAL SECRETARY—For Board of Nurse Examiners; will pay expense of personal interview.

A & G MEDICAL—Continued

LABORATORY TECHNICIAN—Male or female; immediate opening; if registered salary starting at $5,000 plus maintenance; location east, vicinity metropolitan area.

ADMINISTRATOR—Female; salary with full maintenance; west.

ADMINISTRATOR—100-beds; entirely new hospital; midwest.

INSTRUCTOR—O.R. nursing; ability to demonstrate advanced operating room procedures.

INSTRUCTOR—M.S. clinical instructor; nursing arts instructor & obstetrical instructor.

DIRECTOR OF NURSING—Salary $8,000; east.

DIRECTOR OF EDUCATION—To head and establish a school of practical nursing; salary $6,000; New Jersey.

EXECUTIVE HOUSEKEEPER—200-beds; California.

INTERSTATE MEDICAL PERSONNEL BUREAU
Miss Elsie Dey, Director
332 Bulkley Building
Cleveland 15, Ohio

ADMINISTRATORS—(a) 100-bed hospital, Illinois. (b) 50-bed new hospital, Pennsylvania. (c) 35-bed hospitals, New York, Minnesota, Michigan, South Dakota. (d) R.N; Convalescent home, New England.

ASSISTANT ADMINISTRATORS—(a) 450-bed midwestern hospital; open January. (b) 200-bed hospital, California. (c) 295-bed hospital, Tennessee. (d) 140-bed hospital, Kansas.

INTERSTATE—Continued

PURCHASING AGENTS—(a) 200-bed hospital, southwest. (b) Large home for convalescent patients; $5200. (c) 400-bed hospital, south.

PERSONNEL DIRECTORS—(a) 400-bed Ohio hospital; (b) 300-bed Sisters' hospital, east.

NURSE ADMINISTRATOR—Small hospital, south central state, fully accredited.

DIRECTORS OF NURSING—(a) 385-bed mid-western hospital; $8,000. (b) 275-bed Ohio hospital.

EXECUTIVE HOUSEKEEPERS—(a) New 250-bed hospital, west coast. (b) 275-bed southern hospital. (c) 185-bed hospital, New York. (d) Ohio; salary $5,000.

MEDICAL RECORD LIBRARIANS—(a) 150-bed hospital, Florida. (b) 170-bed eastern hospital.

SHAY MEDICAL AGENCY
Blanche L. Shay, Director
55 East Washington Street
Chicago 2, Illinois

EXECUTIVE PERSONNEL—(a) Accountant-office manager; southwest; 300-bed hospital; newly created position; excellent opportunity; top salary. (MH-3296). (b) Business manager; middle west; 400-bed hospital; strong administrative qualities-supervise about 45 employes; B.S. degree-major Accounting; $7200 up. (MH-3471). (c) Purchasing agent; south; 300-bed hospital; at least 2 years experience in hospital purchasing; $6000 minimum. (MH-3309). (d) Director of volunteers and public relations; east; good knowledge of personnel principles with regard to public relations; also capable of conducting an in-service training program for large volunteer group in 250-bed teaching hospital. (MH-3374). (e) Personnel director; east; 400-bed hospital-about 600 employes; located in lovely suburb of large city; $6000 minimum. (MH-3054).

(Continued on page 216)

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MODEL HR36D (center) "All-Purpose" Range—three independent 250° F.—850° F. top sections, almost 6 sq. ft. of versatile surface, for all range top cooking; 1-pan bake & roast oven.

MODEL HR36G (right) "Multi-Purpose" Range—2 "All-Purpose" top sections—each with thermostatic control from 250° F. to 850° F.; two 3-heat hot plates; 1-pan bake & roast oven.

MEET EVERY HEAVY-DUTY COOKING NEED

Whether your cooking operations are specialized or varied, there's a Toastmaster "Square-Yard" Range to meet your requirements and provide the cool, clean, efficient and economical service of *modern electric cooking!*

A complete selection of range top and base combinations allows you to choose the cooking features you want to handle all your heavy-duty cooking. And Toastmaster "Square-Yard" Ranges assure you of a better finished product, whatever your demands; stock bulk cooking, pan frying, griddling on top . . . or baking and roasting in the convenient "All-Purpose" oven base.

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ALL-NEW TOASTMASTER GRIDDLE TOP RANGE 20G1-R

The most powerful griddle top ranges in the industry! Really four griddles in one, as each 9 in. of surface cooking area can be independently "Pin-Point" controlled from 100° F. to 450° F. for perfect hamburgers, bacon, pancakes—even fried eggs—all at once! In addition, these "Square-Yard" masterpieces include either a full one-pan size Directional Heat "All-Purpose" oven, convenient and versatile cabinet base, or sanitary and economical table top base! The new Toastmaster Griddle Top range has been designed to meet *present and future* demands!

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POSITIONS OPEN

SHAY—Continued

PHARMACISTS—(a) Chief; New 110-bed hospital near Chicago; will open about December 1, 1959; capable of setting up pharmacy; $7200. (MH-3369). (b) Staff; east; man or woman; 250-bed hospital expanding to 310 by 1960; modern and beautiful; top salary. (MH-3485). (c) South; chief; set up pharmacy in 225-bed hospital; located in city of about 60,000 college center; $6000 up. (MH-3332). (d) Staff; east; 350-bed hospital in fast growing industrial city; 2 universities, and affords many social and cultural advantages; $6000. (MH-3379).

PHYSICAL AND OCCUPATIONAL THERAPISTS—(a) Chief; physical therapist; middle west; 275-bed hospital; organize and run a new department; $6000 minimum. (MH-3492) (b) Staff, physical therapist; California; 450-bed hospital noted for research; they have just opened a new Rehabilitation Center (MH-3222) (c) Chief; occupational therapist; full charge of department in large State Hospital in New England; department to be expanded; $6000. (MH-3249). (d) Director of adjunctive therapies; northwest; direct and coordinate activities of adjunctive therapies in a hospital or clinic for State Department of Health; $7500 plus excellent benefits. (MH-3186). (e) Chief; occupational therapist; organize and supervise program of occupational therapy, also act as student training supervisor; Children's Rehabilitation Center of well known university; will have two well qualified assistants; $4800 minimum. (MH-3045).

ENGINEERS—(a) Public health engineer; west; Degree in Sanitary Engineering or Public Health; plan, develop and supervise program in area of public health engineering; top salary. (MH-3278) (b) Chief engineer; middle west; New 110 bed hospital to open about December 1, 1959; $6000 minimum. (c) Plant maintenance engineer; east; large state hospital; $7800. (MH-3147).

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Quality Work — Guaranteed

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(Continued on page 218)

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Louis A. Weiss Memorial Hospital
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MISCELLANEOUS

OBSTETRICAL NURSING SUPERVISOR and Head Nurse for Delivery Room for active 133-bed maternity floor (including nursery). General duty nurses needed in all nursing departments. Modern Hospital beautifully located on Lake Ramsay

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Apply: Director of Nursing
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We do have many interesting openings for Administrators, Physicians, Anesthetists, Directors of Nurses, Dietitians, Medical Technicians, Therapists, and other supervisory personnel.

No registration fee
Agency

(Continued on page 220)

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United SURGICAL SUPPLIES CO., INC.
PORT CHESTER NEW YORK

THIS MONTH'S Super Value

EICHENLAUBS "FITS-ALL" SIDE RAIL
NUMBER FORTY-NINE

GIVES ALL YOUR HOSPITAL BEDS FULL AND HALF SIDE PROTECTION AT REDUCED COST!

The only side rail supplied with unique clamps which permit it to be used on all open panel or filler-type crank-operated hospital beds from 81½" to 87½" long. Clamps can be mounted; rail can be raised or lowered, changed from full-side to half-side or adjusted to bed length—in seconds, without tools.

TRY BEFORE YOU PAY
We will gladly send you a set of these mounting clamps, on consignment.

SEND FOR BULLETIN 1065

EICHENLAUBS
Contract Furniture
3501 BUTLER ST., PITTSBURGH 1, PA.
ESTABLISHED 1873

E-30

IT'S THE VINYL

IN SIMONIZ NON-SCUFF FLOOR FINISH THAT KEEPS THIS FLOOR BRIGHT

Never needs buffing. Simply mop away water, slush, grime and dirt. Minutes later, Simoniz Non-Scuff Floor Finish comes back hard and bright as ever.

Tough, luster-holding, water and dirt-resistant *Vinyl* is the secret. One quick coat creates a brilliant, self-polishing, slip-resistant finish that wears . . . and wears . . . and wears. Strips easily and quickly when required.

You're always sure of professional quality that's sensibly priced, too, because—SIMONIZ MAKES IT.

Order from your Simoniz Commercial Products Distributor, or mail the coupon today!

SIMONIZ®

FOR LONG WEAR - LESS CARE

Heavy-Duty Floor Wax • Non-Scuff Floor Finish • Super Anti-Slip Floor Finish • Triple "A" Paste Wax • Heavy-Duty Vinyl Sponge • All-Purpose Concentrate Floor Cleaner • HiLite Furniture Polish

Simoniz Company (Commercial Products Division—MH-11)
2100 Indiana Avenue, Chicago 16, Illinois

☐ Without obligation, please send details on new Simoniz Non-Scuff Floor Finish.

☐ Please send name of nearest Simoniz Distributor.

Name_____ Title_____

Firm Name_____

Street Address_____

City_____ State_____

For additional information, use postcard facing Cover 3.

classified advertising

PLACEMENT BUREAUS

A & G MEDICAL PERSONNEL AGENCY
834 Second Street
Lancaster, Pennsylvania

In addition to the positions listed under Positions Open, we have an impressive list of attractive offers under the following Classifications. They represent hospitals and communities of various sizes and locations, therefore we can assist you to secure the type of position you prefer. Write for details. All inquiries confidential. NO REGISTRATION FEE.

Administrators — Anesthetists — Anesthesiologists — Dietitians — A.D.A. & Therapeutic; Executive Housekeepers — Male and Female; Medical Record Librarians — Pharmacists — Physical Therapists — Physicians & Surgeons — House Physicians — Pathologists — Radiologists.

NURSES—Director of Nurses (includes female & male); Assistant Director of Nurses, Director of Nursing Administration, Assistant Director of Nursing Service, Medical Supervisors, Surgical Supervisors, O.R. Nurses, O.R. Supervisors, Supervisors of O.R. Nursing, Head Nurse Medical Unit, Head Nurse Pediatric Unit, O.B. Supervisors, Staff Nurses all shifts, Surgical Technicians & School Nurse.

FACULTY positions include Education Directors, Associate Director of Nursing Education, Assistant Director School of Nursing, Clinical Instructors — Medical, Surgical, Nursing Arts, OB, Fundamentals of Nursing, Pediatric Nursing, etc.

LABORATORY TECHNICIANS & TECHNOLOGISTS — X-RAY TECHNICIANS — Vacancies for male and female technicians.

Salaries in most instances are open and depend on qualifications and experience of the individual. Others are quoted as salary, plus perquisites, plus living accommodations.

(Licensed & Bonded by the Commonwealth of Pennsylvania.)

SCHOOL—SPECIAL INSTRUCTION

The CHICAGO LYING-IN HOSPITAL AND DISPENSARY of the University of Chicago offers a six-months course in obstetric nursing to qualified graduate nurses. The course includes all phases of maternity nursing. The student may elect experience in one special area for two months of the course. Modern, attractively appointed kitchenette apartments are provided. Adequate allowance is made for food and laundry. For further information, write to the Director of Nursing, 5841 Maryland Avenue, Chicago 37, Illinois.

UNIVERSITY OF MICHIGAN School for Nurse Anesthetists offers a 16 month course for nurses interested in anesthesia. Accredited by the American Association of Nurse Anesthetists. The training includes all techniques in inhalation, intravenous, and rectal anesthesia. Unlimited opportunities for endotracheal intubation and open chest anesthesia. Stipend provided. For information write School for Nurse Anesthetists, University Hospital, Ann Arbor, Michigan.

ST. MARY'S HOSPITAL, Minneapolis, Minnesota, offers a fifteen month course in anesthesiology to graduates (men or women) of accredited schools of nursing. The course includes theory and experience in all phases of modern anesthesia. Enrollment dates February, May, August and November. Direct Correspondence to Director, Department of Anesthesia.

BARNES HOSPITAL: Offers an 18 month post-graduate course in Anesthesia to registered graduate nurses. Theoretical requirements of the American Association of Nurse Anesthetists met. Miss Helen Vos, R.N., B.S., Educational Director. Clinical training includes all techniques and procedures. Stipend provided. For information, write Mrs. Dean Hayden, Director, School of Anesthesia, Barnes Hospital, St. Louis 10, Missouri.

SCHOOL FOR LABORATORY TECHNICIANS—Duration of course, 1 year. Tuition, $100.00 approved by the American Medical Association. For further information, write the Director of Laboratories, Barnes Hospital, 600 S. Kingshighway, St. Louis, Missouri.

"ANESTHESIA SCHOOL FOR NURSES, St. Joseph's Hospital, Lancaster, Pennsylvania, 18 month course AANA approved. No tuition. Stipend. Large clinical experience for students including great many endotracheal intubations. For complete details write Dr. N. Kornfeld, St. Joseph's Hospital, Lancaster, Pennsylvania."

The PROVIDENCE LYING-IN HOSPITAL offers to qualified graduate nurses a four months supplementary clinical course in Obstetrics. Full maintenance and stipend of $75.00 a month is provided. For full information, apply to the Director of Nurses, Providence Lying-in Hospital, Providence 8, Rhode Island.

Would you expect your head nurse to perform heart surgery?

A head nurse is well trained. Proficient. A valued member of your hospital staff. Yet you would never expect her to perform surgery. There are many highly-skilled people associated with a hospital. Specialists in their fields. Yet, sometimes they are plunged into an equally specialized job for which they are not qualified . . . fund raising. Unhappily, the results are frequently disastrous.

There is an answer, though. Use a specialist. A Burrill consultant. Like your hospital staff, he has spent many years learning *his* profession. He is well qualified to serve you. Here, basically, is what he offers:

For two to six days, your Burrill consultant will survey and study your capital needs and fund raising potential. He will advise you on lay campaign leadership. Make recommendations as to ideal campaign timing and discuss important public relations factors—all, without charge.

Next, your Burrill consultant will present the finding of his preliminary study to your board, with step-by-step recommendations. This, too, without obligation.

If you then decide on a Burrill-directed campaign, one or more Burrill consultants will be working with you every step of the way—backed up by Burrill's Executive Plans Board. You acquire the services of the complete Burrill organization.

With a program like this, it is easy to understand why Burrill-directed hospital financial campaigns surpass goals as a matter of course.

Burrill, Inc. has served over 500 hospitals and other philanthropic organizations. Names in your area will be supplied to you on request. Or, if you prefer, a Burrill consultant is always available to discuss your program with you at your convenience. For more information write for Fact File H.

Burrill, Inc. THE FUND RAISING LEADERS

Suite 200 M, 424 Nichols Road, Kansas City 12, Mo., VA 1-8627

Resident Representatives Throughout The U. S. A.

RESULTS MAKE IT A WORTHWHILE INVESTMENT

There's one reason above all others that explains why The MODERN HOSPITAL is *the* choice of those using classified advertising to reach the hospital field. That reason is—RESULTS.

Whether you are looking for someone to fill a key position on your hospital team—or seeking a position personally—you will find the classified advertising pages of The MODERN HOSPITAL will give you the results you want.

Excellently qualified applicants are searching for new and better positions in hospitals every day. They can only serve you if they know of the opportunities you have available. By bringing you more qualified applicants, The MODERN HOSPITAL offers you the best possibilities of securing the ideal persons to fill your vacancies.

If you are planning a new hospital or expanding an existing one, you will find the classified pages of The MODERN HOSPITAL a practical solution in solving your needs for additional personnel.

Your classified advertisement in The MODERN HOSPITAL reaches 16,112 fully paid, voluntary subscribers.

The MODERN HOSPITAL is *the* way to obtain positions and people in the hospital field. Thirty years of leadership in classified advertising prove this.

The cost of an advertisement under "Positions Open" or "Positions Wanted" is just 30c a word ($6 minimum). For Schools and other types of advertising write for special rate — Classified Advertising Department, **The Modern Hospital Publishing Co., Inc., 919 N. Michigan Ave., Chicago 11, Illinois.**

Nothing Bends Like an ELBO Flexible Straw

New

ELBO Flexible Drinking Straw

Bends in any direction . . . ideal for hot or cold drinks

Disposable ELBO FLEXIBLE STRAWS

- No collecting or sterilizing costs
- No breakage costs
- No "straw" tastes
- Low original cost, individually wrapped or unwrapped

WHITER PAPER
Hospital white, hospital pure truly safe

STURDIER PAPER
Stays firm longer, saves on service

LONGER
Easier to use — fits all size glasses

LARGER DIAMETER
Won't clog, won't kink

Hospital name printed on individual wrappers at no added cost

BETTER COATING . . . Withstands heat and bending

No. 319 KEMUNIZED® WRAPPED

1 to a wrapper. 500 wrappers to box. 20 boxes to case.

The truly flexible straw in a Kemunized® wrapper. Bactericidal agent impregnated in the paper wrapper.

UNWRAPPED No. 308

500 to dispenser box. 20 boxes to case.

IT'S THE LAW---

PENNSYLVANIA, NEW YORK, CALIFORNIA, CONNECTICUT and other states require that all straws served—even those used in Hospitals, be wrapped or properly protected before being given to the user. Elbo Kemunized wrapped straws protect you and your patients in every way.

Write for **FREE SAMPLES**
ELBO FLEXIBLE STRAWS and "POLY" ELBO PLASTIC STRAWS
ASK YOUR DISTRIBUTOR FOR ELBO FLEXIBLE STRAWS — ***a complete line for your every need.***

National Soda Straw Co.

2230 SOUTH UNION AVENUE • CHICAGO 16, ILLINOIS

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, AND JULY 2, 1946 (Title 39, United States Code, Section 233) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

THE MODERN HOSPITAL, published monthly at Chicago, Illinois, for October 1, 1959.

1. The names and addresses of the publisher, editor, and business managers are:

Publisher: The Modern Hospital Publishing Co., 919 N. Michigan Ave., Chicago 11, Illinois.

Editor: Robert M. Cunningham Jr., 919 N. Michigan Ave., Chicago 11, Illinois.

Advertising Director: J. W. Cannon Jr., 919 N. Michigan Ave., Chicago 11, Illinois.

2. The owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual member, must be given.)

The Modern Hospital Publishing Co., Inc., 919 North Michigan Avenue, Chicago 11, Illinois.

All of the stock is owned and held by F. W. Dodge Corporation, 119 West 40th Street, New York 18, N. Y. All of the common stock of F. W. Dodge Corporation is held by the following Voting Trustees namely: James McV. Breed, 15 Broad Street, New York 5, N. Y.; Paul Abbott, 40 Wall Street, New York 5, N. Y.; Howard Barringer and T. Oliver Morgan, both of 119 West 40th Street, New York 18, N. Y.; and George W. Morgan, 76 Beaver Street, New York 5, N. Y., under Voting Trust Agreement dated as of June 12, 1928 as amended and extended to May 2, 1966 by Extension Agreement dated as of February 19, 1957.

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3. The known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.) There are no bondholders, mortgagees, or other security holders.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: (This information is required from daily, weekly, semiweekly, and triweekly newspapers only.)

ROBERT M. CUNNINGHAM, JR., Editor

Sworn to and subscribed before me this 22nd day of September, 1959.
[SEAL]

J. P. McDERMOTT, Notary Public.
(My commission expires Sept. 27, 1961)

Germproof "CUROGENIC" CURON Mattresses

Kill* up to 99.9% Staphylococcus aureus

Germproofing, which is especially effective against dread Staphylococcus aureus and prevents the growth of mold, mildew and fungi, has now been added to comfortable and lightweight CURON** institutional mattresses.

The new "CUROGENIC"† CURON mattress derives its outstanding anti-bacterial properties by the inclusion of COROBEX Germproofing compounds in the formulation. This amazing development is the result of months of research. Independent laboratory (name of laboratory available upon written request) tests show the following self-sanitizing results with different concentrations of Staphylococcus aureus cultures:

***Lightest Contamination—89% kill at 1 hour**
***Moderate Contamination—98.5% kill in 3 hours**
***Heaviest Contamination—99.9% kill in 7 hours**

These independent research tests demonstrate the "built-in" effectiveness of "CUROGENIC" CURON in mattresses to provide round-the-clock germproofing against environmental infection in hospital and institutional bedding.

To safeguard the hygienic standards, Curtiss-Wright also has set up a special licensing program for mattress manufacture. This program ensures the maintenance of sanitizing properties and product quality.

You can choose from 2 different "CUROGENIC" CURON Mattresses—each one designed to meet your specific requirements—each one offering you the lightweight comfort, long wear, easy care for which CURON mattresses are already well-known.

Remember, mattresses can be prime sources of infection. Plan now to minimize these sources with "CUROGENIC" CURON mattresses. Call or write: Curon Division, Section MH-11, Curtiss-Wright Corporation, 50 Rockefeller Plaza, New York 20, N. Y. JUdson 2-5020.

***Trademark of the Curtiss-Wright Corporation for its multicellular materials.*
†Trade name of Curtiss-Wright for anti-bacterial CURON.

"CUROGENIC" Curon* MATTRESSES

contain GERM COROBEX PROOF

Trademark of Bex Industries, Inc.

VISIT US AT OUR BOOTHS
You'll see the new "CUROGENIC" CURON Mattresses at the national bedding show, November 15-18. Conrad Hilton Hotel, Chicago, Illinois. Booths 329 and 330.

Edited by BESSIE COVERT

WHAT'S NEW

TO HELP YOU get more information quickly on the new products described in this section, we have provided the convenient Readers Service Form on page 277. Check the numbers on the card which correspond with the numbers at the close of each descriptive item in which you are interested. The MODERN HOSPITAL will send your requests to the manufacturers. If you wish other product information, just write us and we shall make every effort to supply it.

Saf-T-Bilt Lab Oven Has Accurate Temperature Control

Improved shape and sizes, with more efficient direction of air flow in the work

chamber and accurate temperature control, are features of the new Despatch Saf-T-Bilt laboratory ovens. New safety controls are also built into the ovens which are electrically heated and can be adapted to use steam or hot water at available pressures. Two swinging doors provide a wide oven aperture for easy and fast loading and an observation glass window is inserted in one door. The new oven is available in sizes to fit any laboratory need. **Despatch Oven Co., 611 S. E. 8th, Minneapolis 14, Minn.**

For more details circle #211 on mailing card.

Wecktronic Glove Tester Checks Gloves on Hands

A method of testing surgeons' gloves for punctures either when new or while in use is available in the new Wecktronic Glove Tester. The gloved hands are merely placed in a basin of standard saline solution. If the solution touches the surgeon's hand, due to a puncture, a needle indicator gives a positive reading. The tester was conceived by Dr. William C. Beck of the Guthrie Clinic, Sayre, Pennsylvania, and developed by **Edward Weck & Co., 135 Johnson St., Brooklyn 1, N.Y.**

For more details circle #212 on mailing card.

Disposable Water Pitcher for Bedside Service

A stainless steel lid-handle unit which snaps on and off, fits snugly over the top of a quart-size paper container to provide a sanitary disposable pitcher for bedside water service. The design of the lid permits liquids to flow freely while keeping ice in. The pitcher is light in weight when completely full, and will not tip, even when empty. The lid is sterilized after use, ready to be snapped onto a fresh pitcher for each patient. **Lily-Tulip Cup Corp., 122 E. 42nd St., New York 17.**

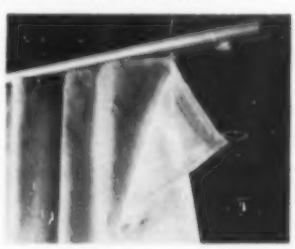
For more details circle #213 on mailing card.

Liquid Detergent Cleans, Disinfects and Deodorizes

Cleaning, disinfecting and deodorizing is accomplished in one application of N-DIT, a new liquid detergent which, when diluted with water, can be used wherever water is used for cleaning. The colorless, pleasantly scented liquid produces liberal suds, has rapid wetting, dispersing and penetrating powers, holds loosened dirt in suspension, rinses freely and completely, leaves no dirt film on surfaces and causes rapid destruction of bacteria. **J. I. Holcomb Mfg. Co., Inc., 1600 Barth Ave., Indianapolis 7, Ind.**

For more details circle #214 on mailing card.

Nylon Detachable Glider on ArNco Curtain Cubicles



A new nylon glider and a special detachable tape are used on ArNco Cubicle Curtains for more attractive appearance, easier movement and reduced sound. Curtains are easily removed for washing by slipping off the tape loop, and as easily rehung when clean. Gliders are also furnished with bead chain and hook for grommeted curtains. **A. R. Nelson Co., Inc., 38-35 Crescent, Long Island City 1, N.Y.**

For more details circle #215 on mailing card.

Mycrotome Cryostat for Cutting Tissue Sections

The improved model of the Microtome Cryostat designed for cutting tissue sections for histochemistry and immunofluorescence permits the preparation of histological specimens without the use of chemical fixatives. Frozen tissue sections can be sliced on a rotary microtome and placed between glass slides inside the chamber without exposure. Armholes with lambs' wool lined gloves permit microtome manipulations and other operations at low

temperatures. **Harris Refrigeration Co., 302 River St., Cambridge 39, Mass.**

For more details circle #216 on mailing card.

Automatic Accounting Machines Speed Bookkeeping Operations

Ten models of a complete new line of automatic accounting machines are now on the market. Designed to improve all bookkeeping operations, the new machines have a unique "program panel" which controls the automatic functions, directing the performance of up to 35,000 operations without assistance. The machines with the new "dual printer" print two records simultaneously increasing operating speed and introducing simplified accounting method. **Burroughts Corp., Detroit 32, Michigan.**

For more details circle #217 on mailing card.

Fully-Disposable Pitcher for Patient Water Supply

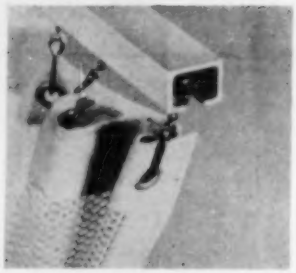
Drinking water for the patient can now be supplied in a sanitary covered pitcher which is fully disposable. It can be destroyed after the patient leaves, or at the end of a specified period. The paper pitcher holds 32 ounces, has a self-handle, and a lid with a die cut tab for pouring. The tab is closed after pouring, protecting the contents from air-borne bacteria. The tab opening or spout is dripless and can pour as little as a drop at a time. The new

disposable pitcher is designed for bedside use but may also be used for dispensing juices. **Dixie Cup Co., Easton, Pa.**

For more details circle #218 on mailing card.

(Continued on page 228)

Grant Cubicle Hardware Eliminates Track Splicers



Several new features are incorporated into the Grant 19200 line of hospital cubicle track. The one by 2¾-inch aluminum track is fabricated without splicers, giving longer carrier wear with maximum noise reduction. The nylon carriers have neoprene bumper rings, tracks are full length for each cubicle and require minimum storage space. **Grant Pulley & Hardware, High St., West Nyack, N. Y.**

For more details circle #219 on mailing card.

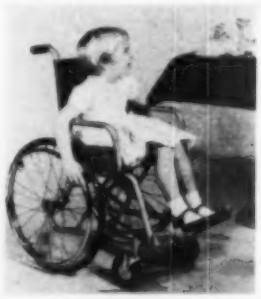
Coated Fabric Ice Cap Doubles as Hot Water Bottle

A new rubber compound that withstands both freezing and near-boiling temperatures coats a light, strong fabric inside and out to form the new B. F. Goodrich ice cap. As a result, the ice cap may also be used as a hot water bottle, thus serving two purposes. A patented rubber closure acts as its own washer to form a strong seal when closed. **B. F. Goodrich Industrial Products Co., Akron, Ohio.**

For more details circle #220 on mailing card.

Folding Wheel Chair for Pediatric Patients

The "Little Scot" is a carefully designed folding wheel chair for children two to seven years of age. The budget-priced chair has chrome plated lightweight tubular steel frame, brown grained, reinforced, washable upholstery which is removable, and aluminum skirt guards. Rigid support with easy folding action are built into the



design and the flex-ride chassis absorbs shock. The "Little Scot" is built by Institutional Industries and distributed in the hospital field by **Rehabilitation Products Div. of American Hospital Supply Corp., Evanston, Ill.**

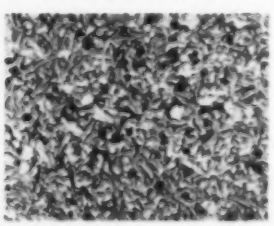
For more details circle #221 on mailing card.

Carlton Grease Interceptor Formed of Stainless Steel

Lifetime service and easy installation are features of the new Carlton Stainless Steel Grease Interceptor. Designed to outlast the building, the new interceptor is formed of stainless steel from the internal welds to the cover bolts, leaving nothing to corrode, rust or crack. Each interceptor is fitted with both a right and a left hand outlet to facilitate quick installation by one man, the unused outlet being capped off. **Carrollton Mfg. Co., Carrollton, Ohio.**

For more details circle #222 on mailing card.

Vinyl Bolta-Floor Has Three-Dimensional Pattern



The "Colorado" pattern is one of the new designs in vinyl Bolta-Floor giving a three-dimensional effect. This is brought about by the unique metallic overtones in the design which comes in six different color combinations. The new flooring is intended for institutional as well as other uses and is a quality product in standard tile sizes. **The General Tire & Rubber Co., Akron, Ohio.**

For more details circle #223 on mailing card.

(Continued on page 230)

Radiant Ceiling News

With Burgess-Manning Ceilings — Your Building Is Better — Your Building Budget No Bigger

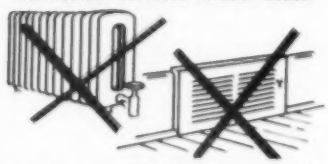
Radiant Acoustical Ceiling Ideal for Psychiatric Hospital

Quiet—Efficient Inaccessible— Safe for the Mentally Disturbed

The efficient, dependable and economical performance of the Burgess-Manning Radiant Acoustical Ceiling has been proved in numerous institutional and commercial buildings.

However, certain of the outstanding features of the Burgess-Manning Radiant Acoustical Ceiling make it particularly desirable as a means of comfort conditioning the psychiatric hospital. Were it designed for exclusive use in psychiatric hospitals, the Burgess-Manning Radiant Acoustical Ceiling could not be better suited for this type of institution.

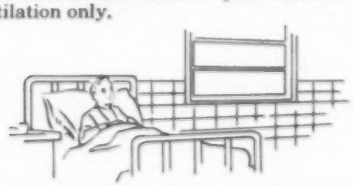
No Heated Surfaces Within Reach



There are no hot radiators or registers, that might harm a mentally irresponsible patient, within reach. All thermostatic controls can be located where only authorized supervisory personnel have access to them.

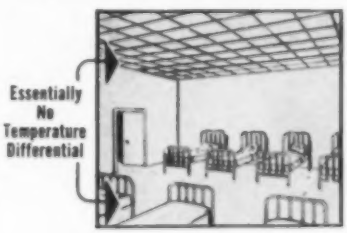
No Heated or Cold Air Currents

With the Burgess-Manning Radiant Acoustical Ceiling, comfort conditioning is accomplished by radiant energy, not by convection air currents. Consequently there are no hot or cold drafts with potentially deleterious effects on patients, particularly those who are mentally incapacitated. Any air movement is limited to that required for ventilation only.



Uniform Temperatures Throughout Room

With radiant ceiling heating, temperatures are uniform in all parts of the room. Even adjacent to windows, there are no cold or hot areas to aggravate patients, or to induce colds. Room temperatures are uniform from floor to ceiling as well.

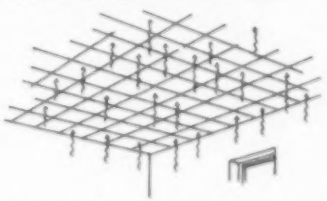


Floors Are Always Warm

With these mentally disturbed patients, and with children as well, it is important that floors are warm. This is one of the principal advantages of radiant ceiling heat. The radiant energy from the ceiling is converted into heat only when it is intercepted by a solid object, and the floor in almost every room receives the largest part of the radiant energy emitted from the ceiling. Therefore, the floors are always fully as warm as other parts of the room, rarely true with other older types of heating.

Cooling Equally Efficient

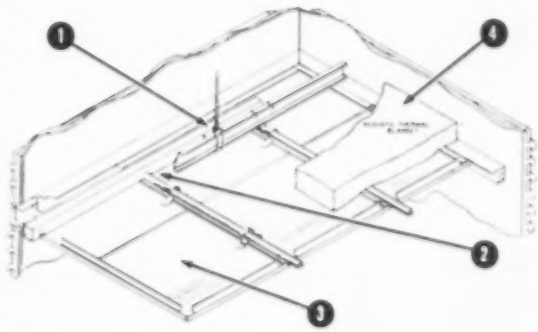
On the cooling cycle, the Burgess-Manning Ceiling operates in reverse. The



cool water circulated in the coils, absorbs radiant energy from the room and reduces the sensible heat of the room.

Basically Simple, But Amazingly Efficient

The deceptively simple construction of the Burgess-Manning Radiant Acoustical Ceiling is scarcely indicative of its operating efficiency. A standard 1½" channel grid (1) supports a grid or sinuous type galvanized coil (2). Perforated aluminum panels (3) are fastened directly to the coil (2) and a sound absorbent blanket (4) is laid on top of the suspension grid (1). Thermostatically controlled hot water circulates through the coil (2) and warms the aluminum panels (3) which transmit radiant energy to the floor, walls, furniture and occupants of the room and provides a high degree of comfort conditioning. On the cooling cycle, the process is reversed so that cool water, with temperature above the dew point to eliminate condensation, cools the panels. The cool panels absorb radiant energy (heat) from the objects, floor and walls of the room.



Write for descriptive Burgess-Manning Catalog No. 138-2M

Heating Cooling Acoustical

BURGESS-MANNING COMPANY

Architectural Products Division

749 East Park Avenue, Libertyville, Illinois

SEE OUR CATALOG IN SWEET'S ARCHITECTURAL FILE

Portable Odor Control Unit Keeps Air Clean and Pleasant

Tobacco smoke, occupancy, food and paint odors are destroyed by the new Air-

kem Cavalier unit designed for portable use. Weighing less than eleven pounds complete with a full charge of Solidaire, the odor counteractant, the Cavalier aids in combating stale and stuffy air in fully closed and heated areas up to 1000 square feet. The two-tone gray steel cabinet with chrome trim contains a silent, two-speed circulating fan, adjustable odor-control rates and a feeding mechanism for the Solidaire. **Airkem, Inc., 241 E. 44th St., New York 17.**

For more details circle #224 on mailing card.

Cold Food Loader for Centralized Food Service

The Ideal Cold Food Loader for assembling trays and loading into the Mealmobile is designed as the final piece of equipment for a complete centralized food service system. Other units include the Mealmobile for hot and cold food service and the Hot Food Assembly Unit for portioning and loading of hot foods into the Mealmobile.

The Cold Food Loader consists of two separate units which can be joined together to form a complete cold food assembly line. The Model CL-200 non food section has saucer and bread plate lifters and a Shelleymatic tray lifter for automatic dispensing at serving level. The mobile unit may be loaded with china and trays at the dishwashing area. It also holds tray mats, silverware and other supplies. The Model CL-300 holds trays of cold foods sufficient

for 100 meals. The two units are joined for loading into Mealmobiles at serving time. With the complete system tray set-ups are quickly assembled and loaded, ready for delivery to floors for serving. **Swartzbaugh Mfg. Co., Murfreesboro, Tenn.**

For more details circle #225 on mailing card.

Disposable IV Set Has Squeeze-Type Chamber

The new Sterilon IV-60 flexible administration set is fully disposable. Made of high quality vinyl, the set is leakproof and has a bottle puncture needle which is anti-coring. Luer-type IV needle adapter attached to a self-sealing rubber section for adding supplemental medication, and a Sterilon Rolla-Valve Flow Regulator. Sets are supplied sterile, non-toxic and pyrogen-free. **Sterilon Corp., 500 Northland Ave., Buffalo 11, N.Y.**

For more details circle #226 on mailing card.

Folding Arm Chair Introduced by Clarin

Steel, fabric and foam rubber combine to make the new Clarin Deluxe 3400 Series

folding arm chair attractive, roomy and comfortable while retaining the convenience of folding chairs. Limited storage space is no problem with the Clarin chair, since the arms fold in one motion with the rest of the chair to a width of only three inches. Naugahyde, nylon and grospoint upholstery materials over foam rubber are offered in a wide range of colors. **Clarin Mfg. Co., 4640 W. Harrison St., Chicago 44.**

For more details circle #227 on mailing card.

(Continued on page 232)

3 Colgate Hospital Products for Outstanding Performance and Welcome Economy

COLGATE COLEO

Laboratory Glassware and Surgical Instrument Cleaner

For laboratory and surgical equipment . . . cleanliness begins with COLEO! COLEO *dissolves* quickly, *cleans* thoroughly, *rinses* freely. Its efficient blood-removal action makes it especially desirable for cleaning surgical instruments and other O. R. and laboratory equipment.

Packed in 50 and 100-lb. Fibre Drums and 5-lb. Cans (6 per case). Write for prices.

COLGATE ARCTIC

Hexachlorophene Surgical Liquid Soap U.S.P.

Highest quality. Conforms to U. S. Pharmacopeia requirements when diluted as directed. Contains special ingredient to prevent clouding and formation of precipitates when diluted with 2 parts hard water (up to 300 PPM). Excellent lathering qualities.

Rinses quickly. So *mild* and *gentle* you can use it on your face!

Available in 30 and 55-gal. Drums and in 5-gal. Pails. Write for prices.

COLGATE BEAUTY WHITE

Made To Order For Hospital Use

Colgate Beauty White meets rigid hospital requirements because it is *made especially* for hospital use. Hard milled for utmost economy, this mildly fragrant bath soap gives *abundant lather* in all types of water. Next time, specify Beauty White. Your patients will appreciate it—and you'll *save money!*

Two sizes packed unwrapped. Also one size available wrapped. Write for prices.

FREE! Latest Edition Handy Soap and Synthetic Detergent Buying Guide. Tells you the right product for every purpose. Ask your C.P. representative for a copy, or write to our Associated Products Dept.

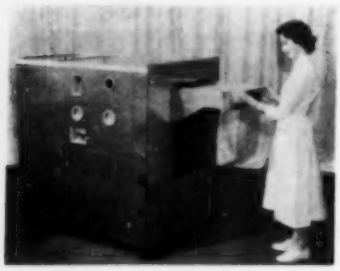
COLGATE PALMOLIVE CO. CP QUALITY PRODUCTS SINCE 1806 A SYMBOL OF QUALITY FOR OVER 150 YEARS

COLGATE-PALMOLIVE COMPANY

300 Park Avenue, New York 22, N. Y.

Atlanta 5, Ga. • Chicago 11, Ill. • Kansas City 11, Mo. • Oakland 12, Calif.

Automatic X-Ray Processor Fits Small Space



Designed to fit small space facilities, and priced to fit most budgets, the new Model M-3 X-Omat Processor is a fully automatic x-ray processor. It has an over-all length of seven feet and in seven minutes delivers dry film ready for interpretation, permitting early diagnosis and action. The loading end of the new processor extends only 18 inches into the darkroom, with the remaining part of the cabinet, containing the processing section, dryer and receiving bin, in a normally lighted room. The unit is equipped with all necessary operating accessories. **Eastman Kodak Co., Medical Sales Div., Rochester 4, N.Y.**

For more details circle #228 on mailing card.

Stainless-Steel Mayo Stand Has Extra-Large Tray

An extra large instrument tray with 72 per cent added area is provided on the Westbury model stainless steel Mayo stand. Additional supporting members give extreme stability to the stand, in spite of the increased tray size. A finger-tip trigger control permits easy adjustment of tray height from 39½ to 62 inches. Frame welds are crevice-free and smooth to facilitate asepsis and prevent trapping of foreign matter. **S. Blickman, Inc., 536 Gregory Ave., Weehawken, N.J.**

For more details circle #229 on mailing card.

Air Purifier Removes Odors and Bacteria

Sick room odors of all types and from all sources are removed with the Nu Air activated charcoal air purifier. It also removes pollen, bacteria, viruses, mold spores, dust, gases, smoke and other impurities from the air. The complete portable unit is inexpensive and operates at small cost. It is available in sizes for rooms, wards and larger areas. **D.B.H., Inc., Sioux City, Iowa.**

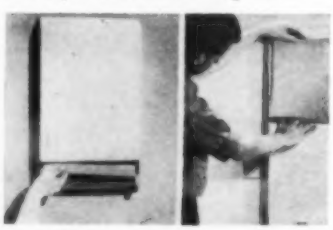
For more details circle #230 on mailing card.

Flaked Ice Machines in Six Improved Models

Six new models of Ross-Temp Automatic Flaked Ice Machines are now available. These include storage models with 150 and 250-pound capacity and continuous flow machines of 150, 250 and 500-pound capacity, the latter for use with large capacity auxiliary storage bin equipment if desired. A new principle of ice-making for improved efficiency is incorporated into the new models which feature low design for storage under counters. **Ross-Temp, Inc., 1805 S. 55th, Chicago 50.**

For more details circle #231 on mailing card.

Towel Waste Is Discouraged With Improved Nibroc Dispenser



The Nibroc Rotary Cabinet, which handles all multifold paper towels, now comes equipped with a delayed-feed dispenser which must be lightly tapped to expose the the next towel, thus discouraging waste. The new cabinet is available in a wide range of colors and can be refilled before it is empty. The cabinet door swings free for easy loading. **Brown Co., Box 131-N, Boston 14, Mass.**

For more details circle #232 on mailing card.

(Continued on page 234)

UNLIMITED ARRANGEMENTS OF FUNCTIONAL, SPACE-SAVING FURNITURE—SO DISTINCTIVELY MODERN!

The versatility of this superb collection of soundly engineered, distinctively designed Modular Furniture is limitless. Exciting new arrangements and styling innovations never before possible are now available. You can specify components combined for greatest possible on-the-job utility and grouped specifically for working comfort and increased efficiency. The wide selection of harmonious colors and two-tone combinations enables you to complete your ideal of a "dream office". Too, you get *more top work* space without increasing the floor space occupied by desk and chair. In spite of this increased top area, *time and motion economy of employee movements* is an important advantage. A quarter-turn in the chair brings any section of the L-top within easy reach. Send coupon for complete details of this amazingly flexible line of furniture.

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Consult your local Remington Rand representative about our special layout and planning service. It includes information on all phases of space saving and recommendations on the choice of equipment to meet your specific requirements.

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Send free copy of new color booklet FF223 —"ARISTOCRAT Modular Furniture" and FF244—"Office Planning Card" to:

Name & Title_____

Institution_____

Address_____

City_____ Zone____ State_____

Delmar China in Square-Shaped Trend Design

Designed to fit conveniently on cafeteria trays or on crowded tables, Trend

shaped Syracuse China is now available in the new Delmar pattern. Corner decals of turquoise with tan heart-shaped leaves accented by pale red berries give china a cheerful appearance, while the steel-hard glaze protects the design in use and during washing. **Syracuse China, Syracuse, N.Y.**

For more details circle #233 on mailing card.

Booster Water Heater for Rack-Type Dishwashers

The Chromalox Booster Water Heater is an all new unit for use with rack-type dishwashers. No larger than a stack of dinner plates, the heater may be mounted either horizontally or vertically, on floor, wall or ceiling. It will deliver up to 1.73 gallons of 180 degree F. water during a 10-second rinse cycle at normal water pressure when connected through the standard rinse-valve. Recovery of full capacity at 180 degrees F. in the following 50 seconds is made with 140 degree water supply to the heater. Its many other mechanical and construction features make the unit particularly effective for use in schools colleges, hospitals and other institutions. **Edwin L. Wiegand Co., 7500 Thomas Blvd., Pittsburgh 8, Pa.**

For more details circle #234 on mailing card.

Measurement of Radiation Facilitated With Radometer

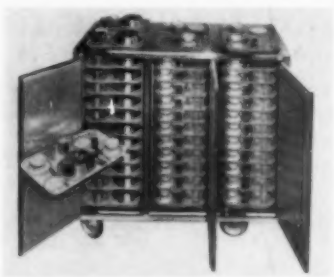
Instantaneous measurement of integrated maximum radiation dose to the patient during any type of fluoroscopy may be measured with the new Radometer. Consisting of two parts, the Radometer can

be mounted on any fluoroscopic unit having standard tapped holes. The recording instrument includes operating controls and can be positioned in the room or at the fluoroscopic control. Air or skin dosage build-up is indicated on the meter. **Westinghouse Electric Corp., X-Ray Dept., P.O. Box 416, Baltimore 3, Md.**

For more details circle #235 on mailing card.

Mercury Tray Cart for Centralized Food Service

Available in both 22 and 30 full-size tray units, the new Mercury Hospital Tray Carts provide full food serving facilities. In the hot section, half trays of hot food



are held at the proper temperature until ready for serving, when they are combined with full size trays of cold food from the refrigerated section of the cart. When the doors of the cart are opened at point of serving, a shelf opens on one door where trays are placed for assembling. The Mercury is constructed of welded stainless steel with a variety of interior arrangements possible. The food stays hot in the heated compartment, even with the door open, and the refrigerated compartment keeps cold food fresh until served. Maintenance is simplified since there are no hard to clean crevices and slides are easily removed for cleaning. **Mercury Mfg. Co., 1832 S. W. Adams St., Peoria, Ill.**

For more details circle #236 on mailing card.

(Continued on page 238)

readability assured . . .

with

Ansco

X-ray

The quality of any x-ray film can only be determined by the level of readability so essential to accurate and deft diagnosis.

And only through the most modern technique in emulsion technology has Ansco been able to lead the field in this important characteristic.

Just try an Ansco X-ray film. You'll immediately see the difference in terms of bone and tissue definition. Note the clean, brilliant gradation that makes readability swift and sure. And note the startling uniformity that Ansco films offer. For readability that's *assured* . . . trust Ansco! Ansco, Binghamton, N. Y., A Division of General Aniline & Film Corporation.

Umbilical Cord Clamp Applied With One Hand

Tough, resilient nylon forms the new lightweight umbilical Cord Clamp which can be applied in seconds with one hand. It may be autoclaved and is disposable after use. The clamp fits any size umbilical cord and maintains constant pressure as the cord shrinks. No dressings or bands are required and hemorrhaging and seepage are eliminated since it grips blood vessels together over a safe area. **Hollister Incorporated, 833 N. Orleans St., Chicago 10.**

For more details circle #237 on mailing card.

Keleket Diagnostic X-Ray Permits Motion Picture Studies

Motion pictures of x-ray studies can be made with the new Keleket X-Ray System for the diagnosis of most types of cyanotic anomalies in infants and children, while reducing patient dosage. The system employs the new Keleket nine-inch Image Intensifier with Deluxe Cine attachment and the Koordinate Heart Catheterization Table. Special electrical controls shut off the x-ray tube while the film is in motion and the use of television technics gives the high image intensification necessary for film recording. **Keleket X-Ray Corp., 1601 Trapelo Rd., Waltham 54, Mass.**

For more details circle #238 on mailing card.

Patient-Ready Gauze Sponge in Sterile Package

Packaged in a heat-sealed, bacterial barrier paper, Patient Ready Gauze Sponges are now available in the line of Johnson & Johnson sterile dressings. Developed for use as specialized post-operative dressings that require all gauze sponges, they are four by four-inch, 12-ply gauze, two sponges per peelable seal package. **Johnson & Johnson, Hospital Div., New Brunswick, N.J.**

For more details circle #239 on mailing card.

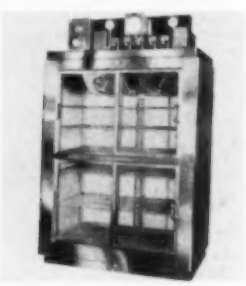
Velcro Fastener Holds Blood-Pressure Cuffs

The new Velcro holding material is used on the V-Lok Cuff of the Baumanometer. Velcro is incorporated with a Neoprene coated Dacron fabric which is cleanable, and "Sanitized" for germ resistance. The V-Lok Cuff conforms to all sizes and shapes of limbs and the Velcro fastener holds firmly without slipping, yet permits easy peeling of the cuff after use. **W. A. Baum Co. Inc., Copiague, Long Island, N.Y.**

For more details circle #240 on mailing card.

Blood Bank Refrigerator Has Alternating Refrigeration

Two complete refrigeration systems are used for the new Schmidt Blood Bank Refrigerator, providing automatic alternating refrigeration. Each system is connected to a separate power line and can be regulated from one to seven days. Automatic switches control the operation of units in case one source of power fails or if the temperature fluctuates. An automatic alarm system signals the rise or fall of temperatures and an accurate record of temperatures is kept on a dial thermometer. The stainless steel refrigerator has glass sliding doors. **The C. Schmidt Co., 1712 John St., Cincinnati 14, Ohio.**

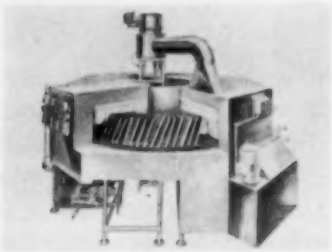


For more details circle #241 on mailing card.

(Continued on page 236)

Turntable Model 1340 Cleans Pans

Developed for use in washing and sanitizing pans and shelf racks, the new A-F Turntable Model 1340 provides high efficiency with one man operation in a small



area. A high pressure wash at an elevated temperature is the heart of all A-F Pan Washer systems and a recirculating and fresh water rinse with an effective hot air dryer complete the process of cleaning and sanitizing pots and pans. **The Alvey-Ferguson Co., 5912 Disney St., Cincinnati 9, Ohio.**

For more details circle #242 on mailing card.

Kimax Glass Pipe for Laboratory Waste Lines

Glass pipe and fittings for laboratory waste lines are now available in Kimax tempered, non-scaling glass. Developed by Kimble Glass Company, subsidiary of Owens-Illinois Glass Company, the new pipe is made from KG-33 borosilicate glass. It possesses excellent corrosion, chemical and heat resistance with clear-view transparency. It is highly resistant to all types of solutions with a few exceptions. Pipe and fittings are tempered for added strength and durability. The line is distributed nationally by the **Glass Products Div., Fischer & Porter Co., Hatboro, Pa.**

For more details circle #243 on mailing card.

Sanitary Linen System Provided by Linenmobile

The multiple functions of loading, transporting, storing and distributing clean linen are handled by the new Linenmobile, a linen closet on wheels. Labeled compartments are loaded with the indicated quantity and type of linens in the laundry loading room. Work is speeded since linens may be loaded from both sides and sections are labeled. Protective shades are drawn over the linen for transport to distribution areas, preventing soiling and reducing exposure to airborne bacteria. Each unit bears patient-area identification and is parked in linen closet or alcove in that section as a source of linen distribution, without transfer to shelves, thus saving time and handling. **Atlantic Alloy Industries, Inc., Polk St., Union, N.J.**

For more details circle #244 on mailing card.

Baby Bottle Washer Speeds Cleaning and Rinsing

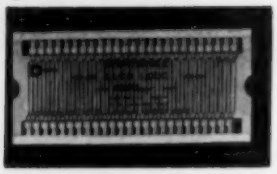
Approved by the National Sanitation Foundation, the Kidde Baby Bottle Washer permits one attendant to clean as many as 400 bottles in one hour. It employs cold water with visible measured detergent and automatic jet rinse. Bottles are pushed onto the center brush in the machine and the spinning nylon brushes rotate completely

around and inside for speedy, thorough cleaning. Rinsing is automatic. **Kidde Mfg. Co., Inc., Bloomfield, N.J.**

For more details circle #245 on mailing card.

(Continued on page 240)

Luer-Lock Needle Is Disposable



The new Hypostainless Disposable Luer-Lock Needle has a brass-nickel-plated hub, a stainless steel cannula that meets Federal Specifications, and a new Hypolance point for maximum patient comfort. The needle is electrolytically polished, chemically washed and ultrasonically cleaned. It is available in almost every hypodermic size and is packaged 50 needles in a special Hospital Pack for one-time use. **Hypo Surgical Supply Corp., 11 Mercer St., New York 23.**

For more details circle #246 on mailing card.

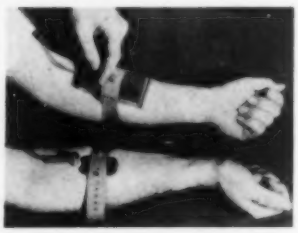
Germicidal Detergent Offered in Medsan

Finnell Medsan is a germicidal detergent containing Monsanto Santophen 1. It is a concentrated, compatible synthetic detergent with high phenol coefficient effective against both gram positive and gram negative bacteria, plus water softening agents. It is indicated in cleaning and disinfecting to minimize or prevent the spread of infections due to resistant strains of staphylococcus aureus, may be used in mopping or hand scrubbing, or with floor machines, and leaves no scum or film. **Finnell System, Inc., Elkhart, Ind.**

For more details circle #247 on mailing card.

Heart Monitor Broadcasts Sound Pattern

Electric signals broadcast the heartbeat of patients during surgery to alert the surgeon and his team of heartbeat irregularities. Less than five inches long and weighing only six ounces, the instrument is strapped to the surgical patient's arm and turned on to transmit signals. The monitor



utilizes a low-voltage, mercury-battery power supply and high-gain transistorized amplifier. **National Cylinder Gas Div., Chemetron Corp., 840 N. Michigan Ave., Chicago 11.**

For more details circle #248 on mailing card.

Waste Pipe Cleaner Is Harmless and Safe

Used according to directions, the new Mule-Kick Waste Pipe Cleaner is completely harmless and safe and produces maximum strength in clearing waste pipe stoppages. The specially formulated product contains no adulterants and does not generate noxious fumes. It is packaged in a special triple-sealed metal container to preserve the strength of the chemical indefinitely. **J. A. Sexauer Mfg. Co., 2503 Third Ave., New York 51.**

For more details circle #249 on mailing card.

Improved Model Thermopress Quickly Mends Linens

A new model of the Thermopress which mends linens in seconds is now available.

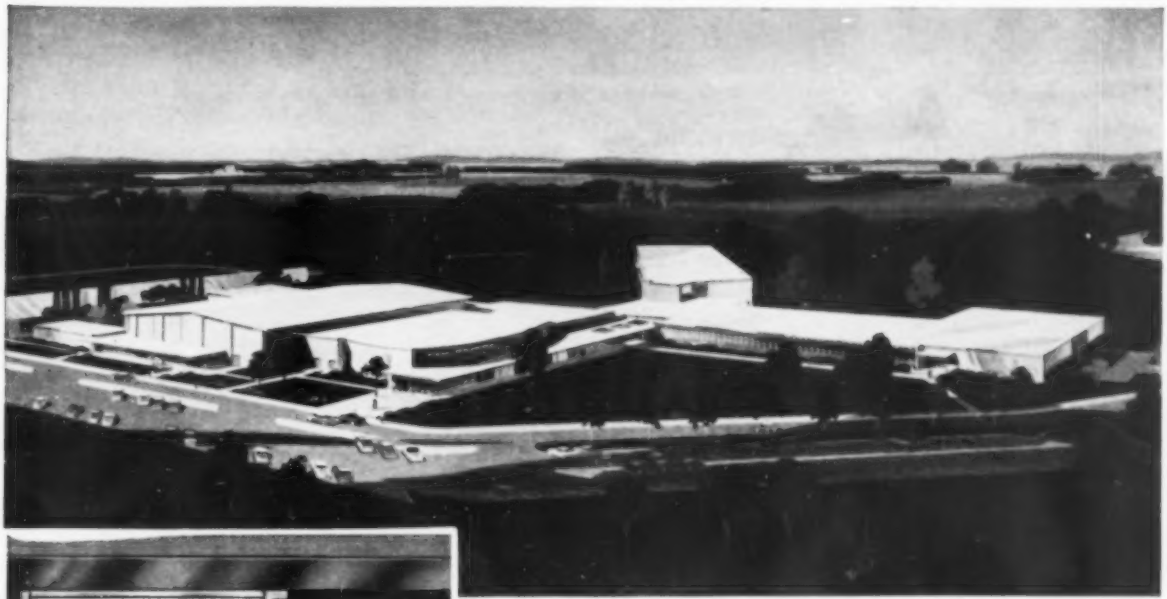
Torn or worn linens are placed in the press with the heat-adhesive Thermopatch material and in seconds a permanent patch is attached which will last as long as the linen itself. It withstands constant washings and repeated autoclavings, thus simplifying mending and saving linens for continuing use. The system is easy to operate and Thermopatch fabrics are available in various colors and sizes. **Thermopatch Corp., 2432 Grand Concourse, New York 58.**

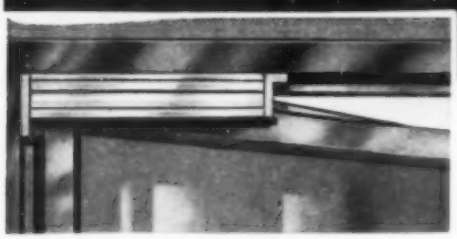
For more details circle #250 on mailing card.

(Continued on page 242)

NEW-TYPE NORTON DOOR CLOSERS AN ARCHITECTURAL ASSET IN THIS MODERN MICHIGAN SCHOOL!

A continuing series of outstanding schools, office buildings, hospitals, churches, and industrial structures using NORTON DOOR CLOSERS





HIGH SCHOOL: MICHIGAN CENTER, MICH. WARREN HOLMES COMPANY ARCHITECTS
HARDWARE DISTRIBUTOR: SCHABERG DIETRICH HARDWARE CO., LANSING, MICH.

NORTON 750: A powerful corner-type closer of unique design that blends inconspicuously with top rail of modern metal-framed doors. Full rack-and-pinion mechanism handles doors up to 42"x84".

Employs unique corner-type Norton Door Closers to complement clean-lined modern door design.

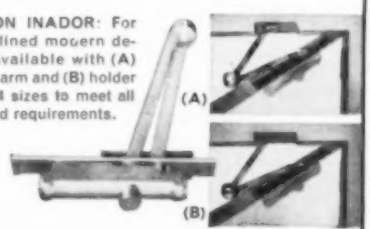
Thoroughly modern in appearance, this school is equally modern in every item of functional equipment, including Norton Door Closers. Of particular interest among the latter are the Model 750 corner-type Norton Door Closers used on principal entrance doors.

Model 750 was specifically designed to blend unobtrusively with the narrow rails and stiles so popular in present-day doors. The shell is extruded from a very strong, durable, 100%-seep-proof aluminum alloy. Arms are completely concealed when the door is closed. Full rack-and-pinion mechanism offers the ruggedness, dependability and precision workmanship common to all Norton Door Closers.

Other Norton models are available to satisfy every door-closer need. Write today for full information about all models, including the new Trimline series.

Complete Norton Line Meets Every Door Closer Need

NORTON INADOR: For streamlined modern design; available with (A) regular arm and (B) holder arm...4 sizes to meet all standard requirements.



NORTON SURFACE-TYPE: For all installations where concealment is not essential.

NORTON 703-N Compact surface-mounted type... 1½ inch projection.

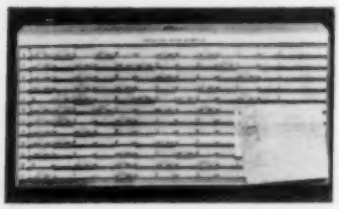
NORTON® DOOR CLOSERS

Dept. MH-119, Berrien Springs, Michigan

For additional information, use postcard facing Cover 3.

Operating Room Schedule Covers 30-Day Period

The Acme Veri-Visible Operating Room Schedule contains 25 tubes, one for each



work day of a month. Control panels are set up for each operating room, with each tube representing one day. The tube insert is printed in half-hour divisions from eight A.M. to three P.M. daily. As operations are scheduled, signals are entered onto the panel in the proper time space so that all scheduled operations and vacancies are seen at a glance. **Acme Visible Records, Inc., Crozet, Va.**

For more details circle #251 on mailing card.

Medium Duty Casters Have Side Brake Mechanism

A formed brake shoe which contacts maximum area of tire tread in a vertical axis of the caster firmly holds wheeled vehicles using the new Jarvis & Jarvis medium duty casters. The actuating foot lever of extra heavy gauge steel is easily reached for foot action. The brake is easily adjustable to compensate for tire wear and is designed for use with several types of casters. **Jarvis & Jarvis, Inc., Palmer, Mass.**

For more details circle #252 on mailing card.

Luxtrol Lamp Control Lets Patient Dim Lights

The patient can adjust the light intensity in his room from his bed with the new Luxtrol Lamp Control. The remote control device permits the dimming or brightening of the light in the overhead fixture to adjust for reading, visiting or resting. It is easily installed on the wall with the control placed beside the patient and no special

wiring is required. Built-in Luxtrol Light Controls are also available for permanent installations. They may be installed in rooms and corridors to provide safe and economical night lighting without extra fixtures or circuits. **Superior Electric Co., 83 Laurel St., Bristol, Conn.**

For more details circle #253 on mailing card.

Bakery Products Shortening Spreads Without Tearing

Glodo is the name of a new shortening designed specifically for the baking of sweet yeast bakery products. It spreads easily for roll-in and does not tear the dough. Developed by the Procter & Gamble Research Bakery, it has excellent baking properties and a golden color which adds appetite appeal. **Procter & Gamble, P. O. Box 599, Cincinnati 1, Ohio.**

For more details circle #254 on mailing card.

All-Purpose Disposable Table for Pediatric Use

The Tot Table is a sturdy, inexpensive, all-purpose table which can be used in the

pediatric department for meals in bed, to hold toys or books, and as a toy itself. Made of cardboard, the table is strong enough to hold up to 300 pounds weight, yet it is extremely lightweight and folds flat for storage. The decorated surface is plastic coated and wipes clean after use with crayons, or when foods are spilled. **The Tod Company, 1711 Happ St., Northbrook, Ill.**

For more details circle #255 on mailing card.

(Continued on page 244)

pagemaster® now serves six major universities

Universities in California, Tennessee, Michigan, Maryland, Pennsylvania and Delaware get instant contact with key personnel with PAGEMASTER *Selective Radio-Paging Systems* by Stromberg-Carlson.

Coverage is complete throughout the campuses, with signals reaching up to a radius of three miles in one particular installation.

Starting with a few dozen receivers, these schools can expand their systems to full capacity of over 450 receivers to meet growing needs. There is *no additional installation cost.*

Key people are equipped with these transistorized pocket-size receivers. When any of them is called, but is away from his usual location, the telephone switchboard operator sets his *private signal* on the PAGEMASTER encoder (a unit of adding machine size next to the switchboard) and flips a switch.

Instantly that individual's receiver—and *only* his—responds with a pleasant but commanding signal. He picks up the nearest telephone and reports. The signal automatically repeats every 20 seconds until the call is answered.

PAGEMASTER selective radio-paging can meet *your* need for fast contact with key people—whether yours is an educational, industrial or commercial organization, in one building or many. You can have a system tailored to your own requirements, whether you need just a few receivers—or several thousand. *Systems are available for lease or purchase.*

For more information about these installations or on how to fit PAGEMASTER to your individual needs, contact us at 202 Carlson Road.

"There is nothing finer than a Stromberg-Carlson"

STROMBERG-CARLSON

A DIVISION OF **GENERAL DYNAMICS**

PAGEMASTER SALES, ROCHESTER 3, N. Y.

Bone Screw Case Designed for Every Use

Designed for ease in carrying, storing and autoclaving, the new Zimmer Bone Screw Case is of stainless steel construction. It holds 112 screws, eight of each size from ⅜-inch through two inches, with a convenient divider, indicating sizes, attached in the center. Screws will not fall out even when the case is turned upside down. **Zimmer Mfg. Co., Warsaw, Ind.**

For more details circle #256 on mailing card.

Adjustomatic Floor Machine is Single Speed Unit

Features of the new single-speed Adjustomatic A-12, A-14 and A-16 model floor machines include the fingertip control lever on the handle which automatically adjusts to multiple working positions, unitized assembly to minimize maintenance, the square handle to eliminate rotational drift, and non-marking white bumpers. The Adjustomatic operates with minimum noise and attachments permit its use for scrubbing, steel wooling, sanding, buffing, cleaning and polishing. **Pullman Vacuum Cleaner, 25 Buick St., Boston 15, Mass.**

For more details circle #257 on mailing card.

Tractor-Drawn Grass Edger Saves Time and Labor

A high-speed, tractor-drawn grass edger that keeps lawn edges neat is available in the newly-developed, heavy duty Kurb-Dresser. It will groom up to 80 miles of wet or dry turf per day at speeds up to 15 miles

per hour. It will easily slice through a four-inch soil build-up or trim random grass runners, overlying curbs, sidewalks, driveways and other areas. The Kurb-Dresser fits any three-point-hitch tractor and operates from street or turf areas. **K-D Manufacturing Co., Cleburne, Texas.**

For more details circle #258 on mailing card.

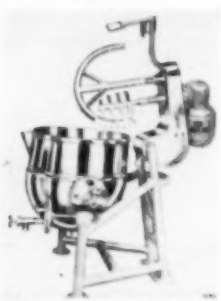
Liquid Hot Chocolate Available In Tins

Liquid Hot Chocolate, used as a beverage base or a dessert topping, is now available in tin containers to facilitate handling without the risk of breakage, and it comes in both one pint and number two-and-a-half cans. The chocolate also features a new formula which provides special richness in flavor. **Continental Coffee Co., 2550 N. Clybourn Ave., Chicago 14.**

For more details circle #259 on mailing card.

Line of Cooker-Mixer Kettles in Stainless Steel

Designed to speed volume preparation of foods while saving costs, the new line of



"Cooker-Mixer" sanitary kettles is offered in stainless steel. Standard 40, 60, 80-gallon and larger capacities are available. The heavy duty Model DTA-2 steam-jacketed, agitator kettles permit clean, efficient and economical operation with savings in labor, preparation time and food waste. **Groen Mfg. Co., 4535 W. Armitage Ave., Chicago 39.**

For more details circle #260 on mailing card.

(Continued on page 246)

"No costly linen inventory is the main reason we recommend Linen Supply Service for Hospitals"

Mr. John W. Hay, president,
American Hospital Management Corporation *of Los Angeles*

New million dollar Southern California Dental Hospital now nearing completion. Managed by the American Hospital Management Corporation. Linen Supply Service by Community Linen Rental Service, Los Angeles.

"We have always recommended Linen Supply Service for the more than 50 hospitals where we have acted in a management or consultant capacity, and we will continue to do so. Our experience has consistently shown that the small cost involved is well worth the advantage of not having to maintain a linen inventory *which usually must be replaced every year*. Linen Supply also eliminates the many maintenance and personnel problems associated with hospital laundries." • Washable cotton uniforms, gowns, sheets . . . everything your hospital needs, supplied where and when you need it. Monies tied up in linen inventory and hospital equipment is freed for other uses. These are just a few of the benefits available to you through your local linen supplier. He is a specialist in service, and in the hygienic laundering of linens for hospitals. Find out how he can solve your many linen problems. Call your local linen supplier, today.

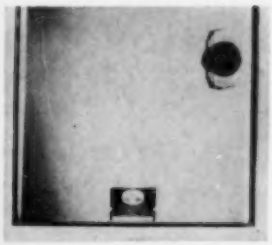
Look in the Yellow Pages under Linen or Towel Supply.

Note: No investment, no maintenance, no inventory. Everything is furnished and serviced by your local linen supplier, at low cost.

Linen Supply Association of America
and National Cotton Council • 22 West Monroe Street, Chicago 3, Illinois

For additional information, use postcard facing Cover 3.

Here's What to Do With Key for Key Cabinet



The answer to the question of what to do with the key to the key cabinet is provided by the new combination lock for the Telkee system of key control. Three different Sargent & Greenleaf combination locks are available for the systems. One of these, the "Manipulation Proof" lock, is a key change type with one million combination changes, designed to provide security against entry by manipulation through sense of touch or sound, by "reading," or by use of electronic listening devices. **P. O. Moore, Inc., Glen Riddle, Pa.**

For more details circle #261 on mailing card.

Germerase Germicidal Detergent for Inanimate Asepsis

Containing no soap, phenols or corrosives, Germerase Germicidal Detergent is a super-concentrate with phenol coefficients of 40 against staphylococcus and 30 against typhosa, according to the report of the manufacturer. It is safe for use in the cleaning and general disinfection of all areas, including the surgery, and in use dilution is safe to hands. It cleans deeply, rinses freely and deodorizes without leaving an odor. It may also be used for spraying blankets and mattress ticking and has a prolonged bactericidal surface residual action. **Horizon Industries, 400 Upper Midwest Bldg., Minneapolis 1, Minn.**

For more details circle #262 on mailing card.

Surgical Microscope Has Many Applications

The advantages of three-dimensional magnification of many surgical procedures and clinical examinations are provided with the new AO Surgical Microscope. It is attached to a heavy stand with a wide range of convenient adjustments for quick and easy positioning over the exact area to be observed. Adjustments can be locked securely and a convenient "Magni-Changer" permits the user to "dial-in" the desired magnification. **American Optical Co., Instrument Div., Buffalo 15, N.Y.**

For more details circle #263 on mailing card.

Side-Opening Receptacle for Indoor and Outdoor Use

A side-opening, chrome-plated door with rubber gasket which keeps contents dry when used outside, and a corrosion-resistant finish to protect against weather conditions, are features of the new line of Bennett drop-in waste receptacles for in-

door or outdoor use. The rubber-gasketed door also forms a tight fit to smother any fire which might start in the receptacle. The round top has no flat areas to gather dirt, thus facilitating maintenance.

The round, galvanized, watertight and rustproof liners suitable for wet or dry waste have full swing handles for easy emptying. The waste receptacles are constructed of heavy furniture steel. **Bennett Mfg. Co., Inc., Alden, N.Y.**

For more details circle #264 on mailing card.

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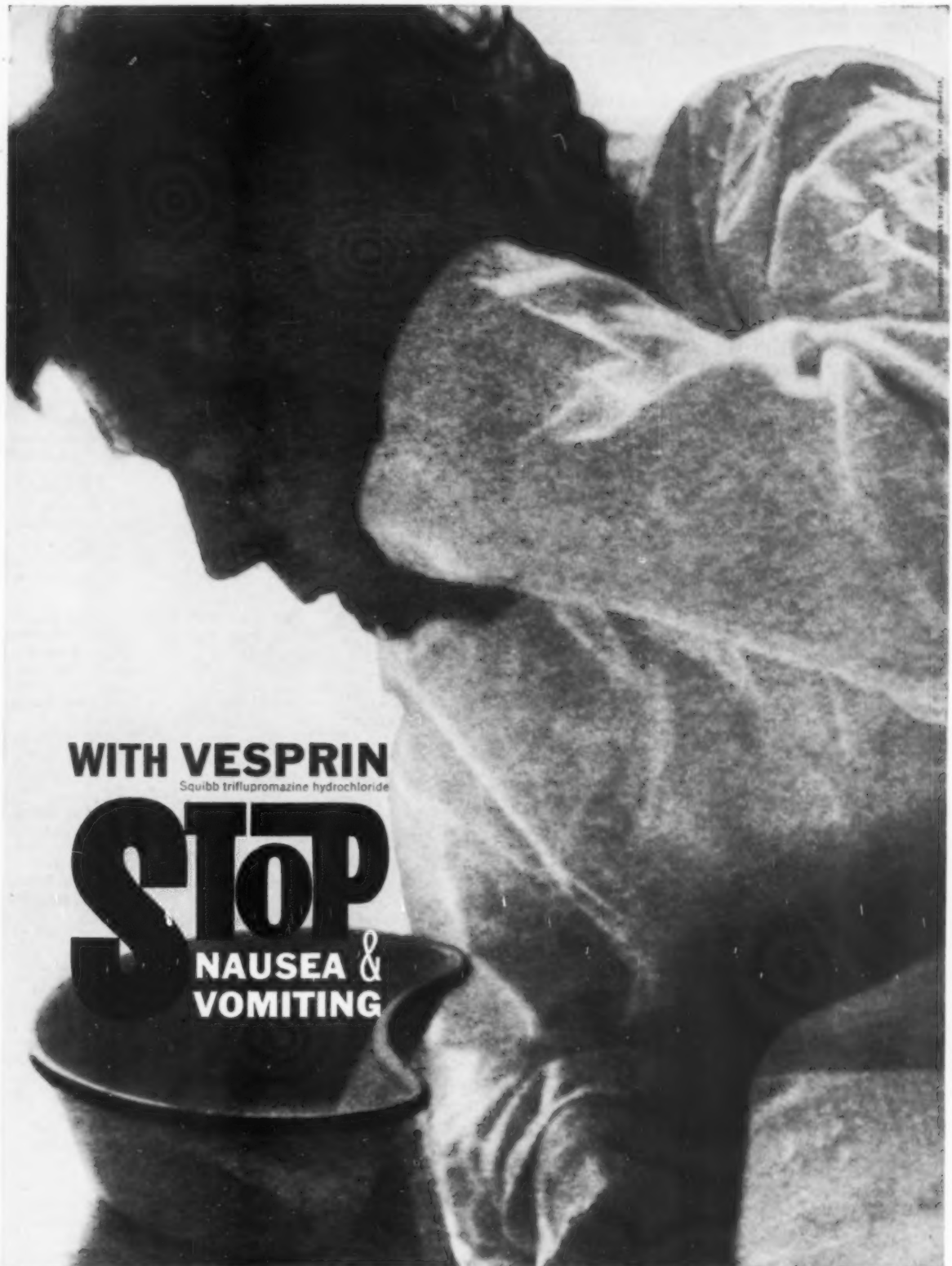

Dosage: Intravenous, 5 to 12 mg. / Intramuscular, 5 to 15 mg. / Oral prophylaxis, 20 to 30 mg. daily / **Supply:** Tablets, 10, 25, and 50 mg., bottles of 50 and 500 / Emulsion, 30-cc. dropper bottles and 120-cc. bottles (10 mg./cc.) / Parenteral Solution, 1-cc. multiple dose vial (20 mg./cc.) / 10-cc. multiple dose vial (10 mg./cc.) / Vesprin Injection Unimatic (15 mg. in 0.75 cc.)

Vesprin/the tranquilizer that fills a need in every major area of medical practice/ anxiety and tension states, pre- and postoperative tranquilization, alcoholism, and obstetrics.

SQUIBB

Squibb Quality—the Priceless Ingredient

Institutional Cleanser Has Chlorine Bleach

Ajax Cleanser with Instant Chlorine Bleach is now available for institutional use. The new cleaning product is designed to remove stains quickly and the smooth texture makes it rinse away with no gritty residue. The "built-in" chlorine bleach eliminates the need for an extra bleaching product and disinfects as it cleans. **Colgate-Palmolive Co., Associated Products Dept., 300 Park Ave., New York 22.**

For more details circle #265 on mailing card.

Dual-Purpose Sofa Has Loose-Back Cushions

A dual-purpose sofa, which converts quickly to a bed, is available in the Inland line. Comfortable loose-back cushions with zipper openings hold full size, Dacron-filled sleeping cushions. The attractive sofas, for use in patient rooms and nurse or staff residences, are available covered in

a variety of fabrics and upholstery materials. **Inland Bed Co., 3921 S. Michigan Ave., Chicago 15.**

For more details circle #266 on mailing card.

Pharmaceuticals

Oretic Hydrochlorothiazide

Oretic is an oral diuretic and antihypertensive for the treatment of renal and cardiac edema. It is also a useful adjunct in the management of toxemia of pregnancy, premenstrual tension and steroid edema, and in the management of the majority of cases of hypertension. It is a highly potent oral diuretic which inreases the excretion of salt as well as water. **Abbott Laboratories, North Chicago, Ill.**

For more details circle #267 on mailing card.

Chymar Buccal and Ointment

Two new products employing Chymar are added to the Armour line of pharmaceuticals. Chymar Buccal is a chymotrypsin-containing tablet designed to be absorbed through the buccal mucosa to promote faster healing through control of inflammation, swelling and pain. It has proved effective in clinical tests in the treatment of inflammatory conditions of acne, tonsillitis, gastric ulcers and pelvic inflammatory disease. Chymar Ointment combines physiologic wound cleansing with anti-infective and anti-inflammatory agents. It is a dermatologic specialty for topical application. **Armour Pharmaceutical Co., Kankakee, Ill.**

For more details circle #268 on mailing card.

Temaril Spansules

Temaril brand of trimeprazine is now available in Spansule form for relief of itching during a 24-hour period. It supplies continuous, uniform action for the treatment of mild and severe pruritis. **Smith Kline & French Laboratories, 1500 Spring Garden St., Philadelphia 1, Pa.**

For more details circle #269 on mailing card.

Allercur

Allercur is an oral antihistamine for rapid symptomatic relief of various allergic and pruritic conditions, including seasonal hay fever, eczema and itching skin rashes around body openings. It is supplied in scored tablets in bottles of 100. **J. B. Roerig & Co., Div., Chas., Pfizer & Co., Inc., 800 Second Ave., New York 17.**

For more details circle #270 on mailing card.

Dechotyl

Dechotyl is specifically formulated to correct constipation physiologically. It is a combination of Decholin, desoxycholic acid and dioctyl sodium sulfosuccinate. Designed to provide gentle transition from chronic constipation to normal bowel function, Dechotyl is supplied in yellow-coated Tablets, the Ames trapezoid-shaped tablet, in bottles of 100. **Ames Co., Elkhart, Ind.**

For more details circle #271 on mailing card.

Polanil

Polanil, containing both Polaramine, an antihistamine, and Deronil, a corticosteroid, is indicated in the control of severe hay fever conditions, chronic asthma and other allergies which fail to respond to antihistamines alone. It is packaged in bottles of 50 tablets. **Schering Corp., 96 Orange St., Bloomfield, N.J.**

For more details circle #272 on mailing card.

(Continued on page 250)

Literature and Services

• **"How to Process and Care for Surgical Gloves"** is discussed in a new booklet published by Rotary Hospital Equipment Corp., 1746 Dale Rd., Buffalo 25, N.Y. Included in the material presented is a suggested work flow layout of equipment, ten basic steps in surgical glove processing, and information on the introduction of mechanical washing, drying and powdering equipment into surgical glove processing.

For more details circle #273 on mailing card.

• The revised line of **X-Ray Film Cabinets** manufactured by The Bentson Mfg. Co., Aurora, Ill. is described and illustrated in a brochure recently released by the manufacturer.

For more details circle #274 on mailing card.

• Foamglas insulation and its many uses are described in the new 20-page **Booklet No. FB-105,** published by Pittsburgh Corning Corp., One Gateway Center, Pittsburgh 22, Pa. Drawings and specifications for the varied applications of Foamglas as well as technical data and computing charts are included.

For more details circle #275 on mailing card.

• An educational motion picture, **"A Pharmacologic Approach to the Study of the Mind,"** is available for showing by hospital and related groups, from Lakeside Laboratories, Inc., 1707 E. North Ave., Milwaukee 2, Wis. It utilizes technics developed for commercial television programs in presenting a comprehensive review of the field.

For more details circle #276 on mailing card.

• **Bulletin 137** issued by S. H. Couch Co., Inc., North Quincy 71, Mass., tells the story of Couch Hospital Signaling Systems. The comprehensive line includes Staff In and Out Register System; Visual Paging System; Visual Nurses Call System of two types; Psychopathic Nurses Call System; Manual, Automatic and Pushbutton Automatic Audio Visual Nurses Call Systems; corridor lights, annunciators and transformers, and nurses master station and control equipment. Full descriptive information is given, together with charts and photographs of equipment and installation data.

For more details circle #277 on mailing card.

• An illustrated three-color brochure describing the **American-Standard line of Packaged Air Conditioners** is available from American-Standard Industrial Div., 8111 Tireman Ave., Detroit 32, Mich. **Bulletin 8525** illustrates construction features of units with capacities and physical data presented in tabular form.

For more details circle #278 on mailing card.

• A folder entitled **"Velva-Sheen Gives You Constant Protection,"** published by the Majestic Wax Co., 1600 Wynkoop St., Denver 2, Colo., lists the fire retardant and slipproof qualities of Velva-Sheen for floor maintenance. Discussing the safety test findings of Underwriters Laboratories in its annual re-examination of Velva-Sheen, the folder also stresses economy factors in use of the product.

For more details circle #279 on mailing card.

• Specifications and advantages of the **Dyna Wash Washer Extractor** are described in a brochure available from The Dyna Wash Corp., Camillus, N.Y. Included in the brochure is information on the Auto-Feed, which is optional on 120 and 300-pound capacity models.

For more details circle #280 on mailing card.

• **"Vermarco Panel-Wall"** is the topic of a new brochure published by Vermont Marble Co., Proctor, Vt. Specifications and details are given on flush-mount, grid-wall and window-wall marble panels, and drawings illustrate installation procedures.

For more details circle #281 on mailing card.

• **"Recommended Practices for the Design and Installation of Master Television Antenna Systems"** is the title of a six-page manual published by Entron, Inc., P.O. Box 287, Bladensburg, Md., in conjunction with the introduction of its new line of equipment. Basic information for incorporating Master TV Systems as a structural feature in the building of schools, hospitals, colleges and other institutions is provided and several typical installations are detailed.

For more details circle #282 on mailing card.

• A convenient 8½ by 11-inch **wall chart** designed to assist in ordering surgical needles is offered by The Torrington Co., Surgical Needles Div., Torrington, Conn. A conversion table lists the numbers and sizes available for 38 different types of needles. Illustrations on the reverse side of the chart show the ten most commonly used needles with size ranges and close-ups of the needle points and eyes.

For more details circle #283 on mailing card.

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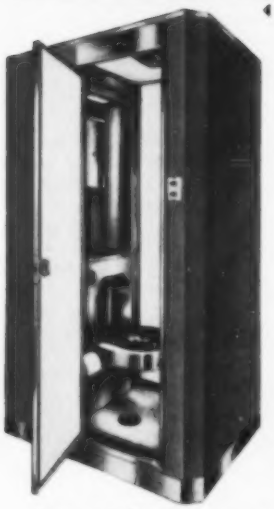
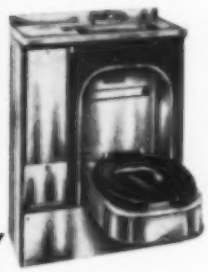
SPACE-SAVER



MODEL MAS-236V: Lavatory Shower Cabinet. Includes shower, fold-away toilet, wash-basin, medicine cabinet, mirror, light fixture, exhaust fan, soap dish, etc. Size 32½" × 45½". Height 81". A complete bathroom for less than $1,000.

MODEL FB-220: Includes fold-away toilet, stationery wash-basin, toilet tissue dispenser. Size: 12¼" × 27⅛". Height 34⅛". Complete Lavatory for less than $450.



Revolutionary New

SPACE-SAVER LAVATORIES

READY TO INSTALL IN ANY HOSPITAL ROOM

These are the lavatory units that have been widely acclaimed by hospital administrators and architects. SPACE-SAVERS are so marvelously compact, and so mechanically efficient they need only one-fourth the space of a conventional lavatory fixture.

They make a private lavatory possible for any room in your hospital. They provide complete bathroom facilities. They conserve costly space in buildings being constructed or being modernized.

Made of sanitary stainless steel, highly polished, easy to keep clean, foolproof in operation. Shipped ready for quick hook-up to your drain and water lines. Single or multiple installation.

Dimensional changes can be made to suit your particular application. Write for Color Brochure and Price List.

ANGELO COLONNA, INC.
TRAVEL-LAV DIVISION
Westmoreland & Boudinot Sts.
Philadelphia 34, Pa. MH-99

Need an oven in your LABORATORY

for positive, rapid, long lasting service?

MODEL 288—Positive sterilization for glassware, needles, certain types of instruments. Built to specifications for hospital laboratories. 110-220 Volt A.C. single phase. Available in all sizes. Manual or automatic control.

MODEL 288
Max. temp. 400° F

MODEL 203-2
Maximum temp. 600° F

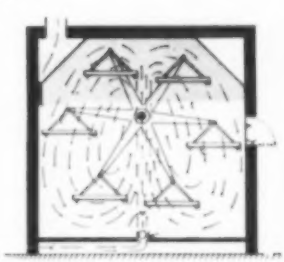
MODEL 203-2—Forced convection oven, precision automatic controlled. Set it and forget it. Controls easily adjusted from front of oven. All working parts accessible from front of oven. High velocity fan provides total circulation throughout work space. Beautiful hammertone grey, enamel exterior. Stainless steel interior.

Write today for complete information and specifications on Despatch Ovens.

for your KITCHEN explore a DESPATCH BAKERY OVEN

Uniform crusting of all bakery products guaranteed with the Despatch Moisture-Master Steam Dome reel type bakery oven. This feature is ideally suited to hospital baking needs. Ovens are available in capacity from 4 to 70 bun pans. Gas, oil or electric heat.

BAKER BOY 12
12 bun pan capacity



MOISTURE MASTER STEAM DOME

(See illustration at left) Steam dome traps moisture in upper third of oven. Each tray passes thru moisture laden area constantly to provide uniform thin brown crusts on baked goods.

Write today for complete information and specifications on Despatch Bakery Ovens.

DESPATCH OVEN CO.

DESPATCH OVEN COMPANY
619 S. E. 8th Street • Minneapolis, Minn.

• Plumbing and heating repair items and brass specialties available from **Crest Mfg. Co., 4-65 Forty-Eighth Ave., Long Island City 1, N.Y.,** are listed in **Catalog C** recently released. Descriptive information on 3000 items is presented in the catalog which includes sink, lavatory and bath faucets, stop and wastes, lawn faucets, flexible supplies and rubber specialties.
For more details circle #284 on mailing card.

• **The Transcopy Star and Mercury,** two new photocopy machines in the Remington Rand line, are described in a booklet available from Remington Rand, Div. of Sperry Rand Corp., 315 Fourth Ave., New York 10. **Folder P344** lists various benefits which can be derived from use of these machines.
For more details circle #285 on mailing card.

• **Bulletin SC-318R** gives complete information on sterilizers and other apparatus for hospital and research laboratories. The 16-page illustrated brochure published by American Sterilizer Co., Erie, Pa., includes data on quantity culture apparatus, ethylene oxide and pressure steam sterilizers with isothermal controls, as well as special purpose large bulk sterilizers.
For more details circle #286 on mailing card.

• All Stanley hinges, roller door holders and latches designed to meet the most exacting appearance and performance requirements of hospitals are described and illustrated in a new folder, "**Hospital Hardware,**" published by The Stanley Works, Dept. PD, 195 Lake, New Britain, Conn.
For more details circle #287 on mailing card.

• Two new instruction manuals have been prepared by Hill-Rom Co., Inc., Batesville, Ind., to supplement nurse training material. **Instruction Manual 1** is designed as "A Guide to Better Use of Patient Room Equipment," and **Instruction Manual 2** covers "Beds that Answer Special Needs." The latter covers the most efficient use of recovery, labor, intensive care, eye and Hilow beds, as well as Trendelenburg springs and beds for special therapy and shock therapy and the Radioisotope bed.
For more details circle #288 on mailing card.

Book Announcements

Shryock, "The History of Nursing," 330 pp., $5. **W. B. Saunders Co., W. Washington Square, Philadelphia 5, Pa.**
For more details circle #289 on mailing card.

Suppliers' News

American Hospital Supply Corp., Evanston, Ill., manufacturer and distributor of hospital equipment and supplies, and **American Seating Co., Grand Rapids, Michigan,** manufacturer of furniture for nurses' stations, classrooms, auditoriums, waiting rooms and multi-purpose rooms, announce a joint distribution agreement for supplying American Seating products to the hospital field.

Dahlberg, Inc., Golden Valley, Minneapolis 27, Minn., manufacturer of hospital radio, television and nurse call equipment, announces it has been purchased by **Motorola, Inc., 4545 W. Augusta Blvd., Chicago 51,** manufacturer of electronic communication equipment. The merger will enable **Dahlberg, Inc.** to expand its facilities and offer a wider range of products and more efficient service to hospitals, the first result being the integration of a complete audio-visual nurse call system into the patient TV-radio system.

Photostat Corporation, 1001 Jefferson Rd., Rochester 3, N.Y., manufacturer of microfilming, photocopying and offset duplicating equipment and supplies, announces the acquisition of the **Flofilm Division of Diebold, Incorporated,** manufacturer of microfilm cameras, readers, processors and related supplies and equipment. The transaction gives Photostat a complete microfilming product line and it is stated that Photostat and Flofilm production will be integrated in the new modern Photostat plant and Flofilm service stations and film processing installations situated in cities where Photostat maintains branch offices will be relocated in Photostat facilities.

Toastmaster Division, McGraw-Edison Company, Elgin, Ill., manufacturer of food service equipment, reports an error in the price shown for their Model 3D2-C Hot-Food Server as it appeared in their advertisement on page 227 of the September issue of The Modern Hospital. The correct price to food serving establishments east of the Rockies, for the four-drawer mobile model, is $580.

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The two cards below are detachable and are addressed to us. With this flap folded out you can turn through the magazine for the items on which you want further information.

When, in either an advertisement or "What's New", you locate the product, turn to the index to advertisements on the following page or to the index of "What's New" items (left) where you will find the key number for the item. Items advertised are listed alphabetically by manufacturer. "What's New" items are in Key Number order. Circle the corresponding key number on the card below for each item in which you are interested. The second card is for the use of someone else who may also want product data.

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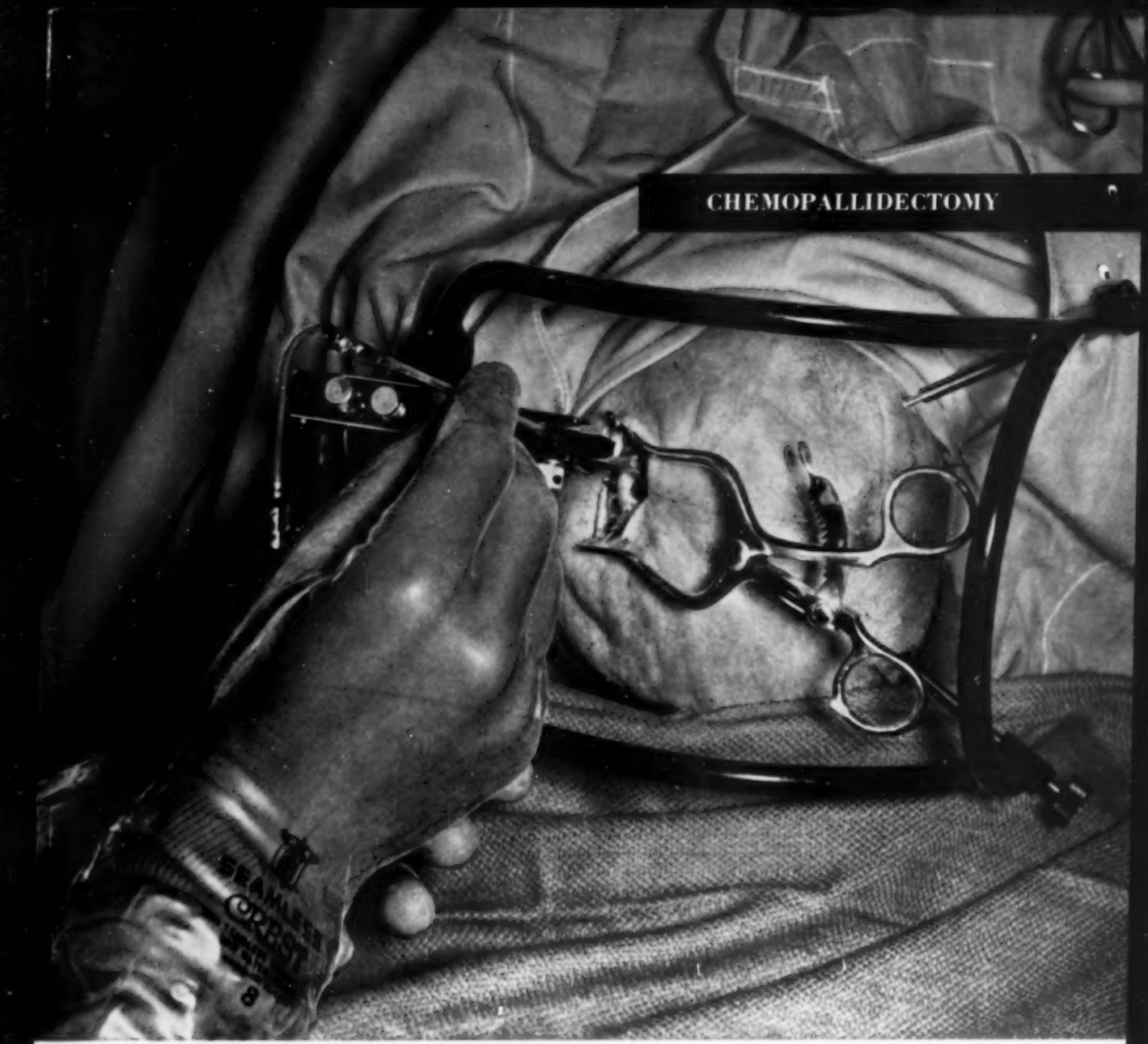

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